Fighting Drug Abuse:

A NATIONAL STRATEGY

Prepared by the Majority Staffs of
The Senate Judiciary Committee and the
International Narcotics Control Caucus

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CHAPTER I:
INTRODUCTION
by Sen. Joseph R. Biden, Jr.

I am pleased to release this National Drug Strategy, prepared by the Majority staffs of the Senate Judiciary Committee and the International Narcotics Control Caucus. It is my belief that the path outlined here offers real hope for meeting the greatest domestic challenge facing our nation today: the epidemic of illegal drug use that is devastating our cities and towns, and decimating the next generation of Americans.

INTRODUCTION

The Strategy that follows is the product of hundreds of hours of meetings, briefings, and hearings over the past year. Indeed, the Committee and the Caucus held 26 days of relevant hearings during 1989, which led to the development of this proposal. I think the result is a persuasive, comprehensive approach to the drug crisis.

Below, I discuss some of the highlights of this approach, and point out the principal differences between this Strategy and the one that the President has pursued thus far. Before I do, though, I want to set out our reasons for preparing and releasing this document.

Why Another National Drug Strategy?

It is perhaps unavoidable that my issuance of this proposed Strategy will be taken as a wholesale rejection of the President's approach, or a criticism of the National Drug Control Policy Director, William Bennett. Neither is intended.

As the principal sponsor of the provision creating the "drug czar" post, and requiring the President to submit an annual Drug Strategy Report, I am pleased with the results this law has had thus far. Dr. Bennett has done an admirable job -- taking on a task few would want -- as our nation's first Drug Director. Along with his Deputies, Stanley Morris and Dr. Herbert Kleeber, and Associate Director Reggie Walton, Director Bennett deserves every American's gratitude for what he has accomplished thus far.

Nor is this Strategy intended as any wholesale rejection of the President's Strategy. On many issues, this plan and his are in accord: on the wisdom of rejecting pleas for drug legalization; on the need for increased spending on law enforcement efforts and the construction of new prisons; on the desirability of providing military aid to the nations of South America that are fighting the narco-terrorists -- on these matters and countless others, we are in agreement.

This Strategy is not issued, then, out of any sense that the mechanism established by the 1988 Anti-Drug Abuse Act has failed; rather, its promulgation is a product of the Act's success. The President's issuance of his first Strategy Report (last September), under the requirements of the Act, has launched our first, serious national debate about a comprehensive Drug Control Strategy. That Report motivated Americans to action, and has piqued their interest.

Now, as the President's second Strategy Report is about to be issued, it is time to take the debate one step farther: to focus the debate more precisely on the different choices we have in fighting the drug scourge, and the different paths we can pursue. In this regard, our Strategy differs in some respects from the President; some are fundamental strategic differences, others are merely "tactical" disputes. Both are presented here.

Rejecting Simplistic Answers: Legalization and More Death Penalty

A good example comes in the approach both strategies take on the question of two simplistic "answers" to the drug problem: drug legalization, and an expanded death penalty for drug kingpins.

Like the President's, this Strategy rejects drug legalization as a bankrupt, defeatist response to the drug plague.

Legalization advocates make many arguments for their proposal, but most center on one idea: we should "take the profit out of drug dealing" by making the trade legal. This is a synonym, of course, for saying that drugs should be made cheaper, and easier to buy. Thus, it is no surprise that most intellectually honest advocates of legalization concede that drug use will rise if their plan is implemented.

Yet if drug use goes up, we know what else will increase, too: drug-related child abuse; violent crimes committed by addicts suffering from crack-induced psychosis; the number of crack babies born in our hospitals; the tally of overdose deaths and emergency room nightmares. No wonder legalization advocates usually propose placing a heavy tax on legalized drugs in order to subsidize increased medical and social services.

And what would be the economic plight of a nation under this legalization scheme? As drug use among the population rose, education rates would fall -- as would productivity. We would fall further behind our principal economic competitors, who already enjoy lower drug use among their workforces.

Still, legalization advocates stand by their proposal because, they say, their path offers us the hope of a nation with less crime. They suggest that once drugs are legalized, gangs and criminal organizations will leave the drug trade -- ending the violence associated with these groups' role in trafficking. Moreover, legalization advocates tell us that crimes committed by addicts will drop, because these addicts will not need to commit as many crimes to support their habits -- because those habits will be so much cheaper.

As an initial matter, this trade that legalization offers is an unsavory one at best: greater personal safety for us in our homes, but bought at the price of increased child abuse, crack babies, and teens dying from drug abuse. Even if such a trade could be had, I wonder what kind of nation we would be to take it.

In the end, though, even this promise of legalization is specious. Criminal organizations will continue to run a profitable illegal drug trade in selling to minors and selling drugs free from the stiff tax that is proposed -- and stopping these underground organizations will be even harder than it is now, once it becomes lawful to import, ship, and distribute drugs as a general matter.

And legalization's promise to lower the price of drugs offers no guarantee that addict-related crime will go down. Addicts seem more likely instead to keep up their current levels of criminality, using their ill-gotten gains to buy more drugs than ever, rather than lessen their criminal activities. Such is the nature of the powerfully addictive drugs of which we speak.

And of course, the more drugs these people consume, the more violent they will become -- even when there is no economic motivation for such violence. This, too, is in the nature of the popular drugs of abuse in this country.

The President's strategy rejects this simplistic approach-- and wisely so. Yet according to press accounts, the President's new drug strategy will tout as a major initiative a second simplistic answer to our national dilemma: an expanded death penalty for drug kingpins. This is unfortunate.

First, we should be clear about one fact: since November, 1988, the President has had the authority to seek the death penalty in any case where a drug kingpin commits or orders a murder. In that time, the Justice Department has failed to obtain the penalty in a single case -- indeed, it has failed to ask for it in any case that I am aware of to date.

The President's new proposal is to extend the death penalty, so that the Justice Department can ask for it in cases where drug kingpins do not commit murder. However, federal law has provided -- since Sen. Thurmond and I won adoption of a bipartisan anti-drug bill in 1986 -- that all such drug kingpins be given a mandatory "real life" sentence, with no probation or parole. But in the first ten months of 1989, for example, the Justice Department succeeded in winning this stiff penalty against only six drug kingpins nationally; the annual average has been less than ten each year the law has been in effect.

Nor would the President's new proposal even be needed to impose the death penalty in many of these cases: many of these criminals were guilty of offenses that may now be punished by the death penalty under the law that went into effect in 1988.

The real truth is that our problem is not in punishing non-murdering drug kingpins, but rather, in catching and prosecuting them. For example, since the 1986 life-for-kingpins law took effect three years ago, only one person has been convicted under it in the nation's so-called "murder and drugs" capital, Washington, DC.

One prosecution in three years: how much would the drug scourge have been reduced if that man had gotten the death penalty instead of a mandatory life term?

The President's new proposal sounds tough, but actually, is unlikely to make any substantial difference in our battle against drugs. A call for more punishment of drug kingpins is one thing -- but more important still is putting more FBI and DEA agents in the field to bust the drug organizations; more police on the streets to arrest mid-level and street-level dealers; more prosecutors in the courts to make sure all drug cases are pursued to the full extent of the law; and more prisons to hold drug criminals, big and small. In this area, the President's proposals have been lacking.

The expanded death penalty proposal, by contrast, is unfortunate in two respects. First, it offers a slogan instead of a solution; when that slogan fails to bring desired results, public frustration with the drug "war" will grow even higher, and continued resolve to wage the battle may wane.

Second, the proposal is obviously divisive, given the strong moral feelings that many have about the death penalty. (Although my views on the moral issue are closer to the President's, I do recognize that many feel otherwise.) At a time when a broad consensus behind measures that will make a difference is needed, the President's proposal threatens to splinter well-intentioned people over a matter that will do little or nothing to reduce drug trafficking in the long run.

A Call for Bipartisan Cooperation

Such a splintering of support would be very unfortunate. Indeed, before providing an overview of the proposals presented in this Strategy, I want to reemphasize how important bipartisan cooperation is in adopting any national drug strategy plan.

As the President has noted on several occasions, the American people want progress, not partisan bickering. Such bipartisan progress is not impossible in this area: the 1984 Crime Bill, and the 1986 and 1988 Drug Bills were all the product of bipartisan compromises. Indeed, the Drug Strategy Bill that passed the Senate in 1989 was approved on a 100-0 vote. Even the Drug Budget for FY 1990 was similarly the product of bipartisan agreement -- a compromise forged by Sens. Robert C. Byrd and Mark Hatifield, supported by respective teams of Democratic and Republican colleagues.

In each of these instances, both sides began with differences, often serious ones. Gradually, because common aims and objectives were shared, these differences were compromised, and a bipartisan proposal was forged.

In that same spirit, this proposed Drug Strategy differs from the President's proposal in many respects. These are differences that matter; ones to be debated and discussed. But in the end, hopefully, a bipartisan compromise between the proposals can be reached.

That is what the American people want; it is what they deserve; it is what we require for real and lasting progress in this struggle against the greatest domestic problem facing the nation today.

OVERVIEW OF PROPOSALS

Summarizing in a few paragraphs the two hundred pages of Strategy that follow is difficult. And, as noted above, much of what follows is similar to the President's approach. But I want to highlight here a few of the major premises of this Strategy, and a few of its major differences with the President's plan.

Principal Ideas of this Strategy

If this Strategy could be summarized in a single idea, it would be this: we must attack the drug problem at its roots-- at the level of the hard-core users in America's cities and towns, and the coca-growing farmers in the Andean mountains.

Of course, all the other steps are important, too: interdicting shipments of cocaine to this country, breaking up trafficking organizations, reducing the number of casual drug users -- all these things must be done too. But unless we get at the roots of the current epidemic, all of our other efforts will be for nought.

Going After Hard-Core Users

The President's first Drug Strategy Report focused in large part on reducing the number of casual drug users in the United States. This effort is critical: casual drug users help fund the drug economy, and ultimately finance the drug cartels. And of course, these "casual" users often go on to become hard core addicts.

That is why I applaud this part of the President's drug initiative, and have supported the vast majority of the "user sanctions" and other proposals the President has advanced to combat this problem.

But the fact is that casual drug use has been declining sharply in America in recent years; down 37% since 1985, for example. And the fact is that despite this decline, crime in American continues to rise, drug related medical emergencies are going up, and the nightmare of crack babies and drug-related child abuse is soaring.

This is the devastation caused by hard-core users. And this is the place where the President's strategy is most lacking. Indeed, the President's first drug strategy actually proposed to see the number of these addicts climb over the next two years, from 860,000 to 970,000 by 1991.

Such a growth in the number of hard core addicts is unacceptable, for above all, we know the relationship between hard-core drug use and crime. 60 to 80% of all arrestees test positive for drug use; estimates of the amount of crime in this country that is drug-related range from 50% to 80%. Whatever number is correct, it is doubtlessly high. The only way to fight this crime menace is to fight the problem of hard-core drug addiction.

We need not decide whether these addicts are victims or villains; doubtlessly, some fall into both categories. Many good people have had their lives ruined by their addictions; other bad people have added hard-core drug use to a long list of vices.

Either way, we need not feel any sense of sympathy for the addicts to see the wisdom of addressing this problem. Each $1 we spend treating a hard-core drug user saves us $3 in reduced crime and other social costs. Addicts in drug treatment commit 60% fewer crimes that those outside such programs. A dollar spent treating a drug-addicted mother saves us $5 in treating the baby that is born to her otherwise.

Enlightened self-interest is all we need to see the wisdom of this approach.

This is particularly true for the least sympathetic of all hard-core addicts: those who are in trouble with the law. Why provide drug treatment for arrestees who test positive for drug use, or for prisoners -- why "help" them, many ask?

We know that the vast majority of drug users who get arrested wind up back on the street in a short period of time; some estimates are that fewer than 7% go to jail. And those who do go to jail almost always get out sooner rather than later.

Trying to break their habits while they are under the control of the criminal justice system makes sense, because once that control is lifted -- if their addictions have not been treated -- we know for sure that they will be at it again.

> **Thus, this Strategy proposes numerous measures to help make sure that -- as soon as possible -- every hard-core user in America is faced with one of two stark choices: get into treatment, or go to jail, and get treatment there.**

These measures include expanded drug treatment facilities;

more aid to local law enforcement (which is called on to arrest and process these hard-core users); new prisons with drug treatment facilities; expanded and more flexible aid to cities hardest-hit by the drug problem; research into medical treatments that may some day "cure" drug addiction; and much, much more.

The specific proposals are spelled out in far more detail below.

Going After Coca at the Source

At the opposite end of the process, far away in the Andean mountains, lies the second "root" of the drug crisis: economies and societies that are as addicted to the drug trade as hard-core addicts are to these nations' product.

It is no exaggeration to say that the economies of Bolivia and Peru, for example, are more dependent on coca that Detroit is on cars, or Pittsburgh is on steel. In Peru, perhaps one-third of all employed persons work in the coca industry.

The U.S. effort in the Andean region thus far has focused primarily -- almost exclusively -- on military aid to the governments in question. But these nations already have extensive military establishments, and most experts (and candid officials from the Andean nations) agree that our aid has been of little value to date.

At the same time, our government has undertaken measures that actually undermine the stability of the legitimate industries that do exist in these countries. Allowing the

International Coffee Agreement to collapse suddenly, and clamping new burdens on flower imports -- to name just two -- stand out as policy decision that -- no matter how well-intentioned -- have undercut the Andean anti-drug effort.

Our Strategy proposes a comprehensive, coordinated effort to move the Andean nations away from coca-based economies to other commodities and industries. Specific proposals to swap debt relief for crop substitution and development, and to launch a Narcotics Free Trade Zone, are offered here as two examples. Increased economic aid is probably needed as well.

> **But in sum, the key is to re-orient the economies of the Andean nations away from coca. Only through such an approach can sustained, long-range efforts to reduce the supply of cocaine be achieved.**

The specific proposals are spelled out in far more detail below.

SELECTED SPECIFIC PROPOSALS

The remainder of this Strategy is divided into nine more chapters: one outlining our goals, and eight addressing specific parts of the drug problem. Each chapter includes some introductory materials, and then lists numerous specific proposals. Each chapter also includes a summary of those proposals, and offers a comparison of this plan and the President's.

Here, though, I want to highlight a few of the most important proposals from each chapter.

Law Enforcement

Our emphasis is on providing the front-line fighters in this war with the help they need to take on the crisis caused by hard-core drug use:

* By doubling the federal commitment to local law enforcement, putting more police task forces on the street;
* Doubling the number of FBI agents attacking drug rings, and vastly increasing the size of other federal law enforcement forces (prosecutors, marshals, etc.);
* Building new drug-treatment "regional" prisons; drug-testing all federal detainees and parolees;
* And launching new programs to battle gangs, drug-related child abuse, and narcotics-related corruption.
* Placing DEA Strike Forces in 130 new cities, and starting a new Rural Anti-Drug Initiative (the Pryor-Baucus bill).

Treatment

As noted above, proposals here focus on expanding our response to the crisis of hard-core addiction:

* With enough funds to provide drug treatment to all pregnant addicts and teen drug abusers within a year;
* And full treatment-on-demand within four years;
* Sen. Moynihan's proposal to expand Medicaid's coverage of drug treatment for eligible recipients;
* Vastly expanded drug treatment in prison, to help break the drugs-crime cycle;
* And a $1 billion, ten-year effort to explore medical "cures" for drug addiction.

International

As noted above, our focus here is on moving the economies of the Andean nations away from their drug dependency:

* With two new programs: debt-for-drug swaps, and the creation of a Narcotics Free Trade Zone program;
* And with increased economic aid to Andean nations.
* We also propose new actions to limit U.S. exports of two scourges of the Colombian government: assault weapons and precursor chemicals used to process cocaine.
* And we propose new joint military efforts to attack narco-terrorists and to monitor drug shipments.

Prevention and Education

The emphasis here is on genuinely comprehensive drug education for every child, in every school in the country, grades

K-12. We also want to keep kids away from drugs at an early age:

- By putting drug prevention programs -- with materials for special classes, and materials to integrate lessons into basic courses -- in every school;
- By putting a Boys/Girls Club (or another like activity) in every public housing project;
- And by creating a new "National Drug Abuse Prevention" Corps.
- Intiatives to use the media and entertainment industries in drug educations campaigns are included, as are expanded efforts to fight drugs in the workplace.

Interdiction and Border Control

We agree with the President's stepped-up use of the military for monitoring drug trafficking and collecting intelligence. We also want to:

- Launch a new initiative aimed at inspecting cargo containers arriving in legal airplanes and ships;
- Deploy military forces at the border and other ports of entry to increase our monitoring of incoming traffic.

Hard-Hit Areas

Fighting the hard-core addict problem requires special aid to those areas hardest-hit by drugs. We propose a plan developed previously by Sens. Kennedy, Cranston, and myself, that would:

- Make $300 million available for "Drug Emergency Areas"-- cities or counties certified by the President to be in need or urgent aid;

- Allow "Drug Emergency Areas" to use the funds for any relevant purpose -- including new treatment and education programs -- and not just law enforcement;
- Send aid directly to the cities and counties that are designated for help.

Coordination and Management

Proposing new actions in this area is primarily the Drug Director's province. However, we do suggest:

- Creating a National Drug Intelligence Center, along the lines of the Roth-Biden Bill;
- Elevating the Drug Director to Cabinet level status, and elevating the Associate Director for State and Local Coordination to the Deputy level.

Research

America's best minds want to enlist in our efforts to battle drug traffickers and new drugs of absue. We must use them by:

- Launching an initiative at Los Alamos research labs to use new technologies to combat drug imports, trafficking, and narco-terrorism;
- Gathering more and better data on hard-core drug use;
- Expanding research into medical "cures" for drug addiction.

ACKNOWLEDGEMENTS

As I said at the outset, I owe a tremendous debt of gratitude to countless people for the ideas that went into this Strategy. A listing of many of these people -- the literally hundreds of experts consulted by me or the Committee and Caucus staffs over the past year alone -- appears in an appendix.

The source of many of the best ideas in this Strategy, though, were not the "experts," but rather, my colleagues in the Senate. As the text notes in the appropriate place, about 20 of my Senate colleagues -- Democratic and Republican -- deserve credit for one or more of the proposals recommended here. Of course, their specific support for a specific proposal does not imply their endorsement of this Strategy as a whole.

Finally, I want to thank the many staff members of the Committee and the Caucus who prepared this Strategy. They include: Scott Green, John Bentivoglio, Stef Cassella, Bruce Kasold, Anne Rung, Ann Howard, Chris Putala, Ken Drexler, Evelyn Lieberman, Ross Mansbach, Diana Huffman, Laura Quinn, Brian McKeon, Paul Bland, and Ron Klain. I thank them for their tireless efforts, their creative insights, and their tremendous dedication to helping forge a truly comprehensive national drug control strategy.

Sen. Joseph R. Biden, Jr.
January 25, 1990

CHAPTER II: GOALS

The 1988 Anti-Drug Abuse Act requires the National Drug Control Strategy Report to contain specific goals concerning the objectives of that strategy. This chapter sets out the goals of our alternate proposal.

INTRODUCTION

Unfortunately, the Goals that were set out in the President's September Strategy Report were disappointing in two respects. First, they were unamibitious; second, they lacked the specificity that many in Congress had hoped to see.

Unambitious Goals

Two of the most critical goals in the plan -- the goal for reducing overall drug use, and the goal for reducing the number of hard-core cocaine addicts -- reflected a lack of boldness in the Strategy.

The level of overall drug use in this country has been falling steadily over the past four years: from 23 million total users in 1985 to about 15 million users in 1988 -- a 37% drop in three years (an average of 12% per year).

Yet notwithstanding its call for an expenditure of more state and federal resources to battle drugs, the President's first Strategy set as its goal a rate of decrease that is about one-half of the current decline.

That is, a mere maintenace of current trends would result in there being only about 9.5 million users in 1991. But the President's first Strategy set as its goal having about 12.5 million users -- almost 3 million more.

A similar -- but even more disappointing -- approach has been taken to the critical goal of reducing the number of hard-core cocaine users. These men and women, among the most violent in our society, should be the principal target of our national strategy.

But the goal set in the President's strategy was simply to reduce the rate of increase among these addicts. Thus, by its terms, the President's strategy will be considered a success if the number of hard-core cocaine addicts "only" climbs from 862,000 in 1988 to 970,000 in 1991.

Such goals are unacceptable. At the very least, we must continue with our current reductions of overall drug use, and hold the line on the number of hard core addicts. The failure of the President's Strategy to do this is a principal reason for the presentation of this alternate Strategy.

Goals Not Specific Enough

Another criticism of the President's September drug Strategy was a lack of specificity in the goals.

As Senator Biden pointed out in a speech delivered on the Senate floor on October 3, 1989, he and other sponsors of the "drug czar" law included a requirement that the National Drug Control Strategy have objective goals. The idea was to have a standard by which our progress in reducing drug abuse could be measured, and by which the wisdom of our resource allocations could be judged.

Specific goals -- not just overall measures of use and importation -- are important, because they enable us to evaluate the success of each component of our anti-drug efforts, and determine where adjustments must be made.

And these specific goals should be task-oriented: dates for achieving treatment on demand; education programs in all schools; police task forces in every city. These are goals that all Americans can agree on -- and our success or failure in meeting them can be easily assessed.

SPECIFIC PROPOSED GOALS

Our goals are more ambitious than the President's; they are more specific as well. (We offer short-term goals only here; hopefully, future strategy reports from Director Bennett's office will offer long term goals that build on any improvements in short-term success.)

(1) Current Overall Drug Use: As noted above, current overall use has fallen in recent years. The President's September Strategy properly noted that further reductions will be more difficult, but we believe that with sufficient resources, the recent rate of decrease can be maintained.

President's Two-Year Goal:	cut users by 10%
Our Two-Year Goal:	cut users by 25% (can be achieved at current rate)

(2) Frequent Cocaine Use: This -- the measure of hard-core cocaine addicts -- has risen sharply in recent years. As noted in the Introduction, reducing this number is the top priority of this Strategy. The President's strategy is far too unambitious in this regard, and would do far too little to arrest the nation's crime epidemic.

President's Two-Year Goal:	110,000 more weekly users
Our Two-Year Goal:	10,000 fewer weekly users

(3) Adolescent Monthly Cocaine Use. Reducing use of this highly addictive drug among the next generation of Americans is critical. Once again, the President's September goal was far less ambitious than current trends in this area.

President's Two-Year Goal:	reduce number by 20%
Our Two-Year Goal:	reduce number by 40% (current trend)

(4) Emergency Room Visits. Another measure of the drug problem in our country is the grizzly tally from our nation's emergency rooms. Drug-mentions among visitors to emergency rooms have risen sharply in recent years, straining our already strained health care system, and reflecting the human toll of the drug epidemic.

President's Two-Year Goal:	reduce mentions by 10%
Our Two-Year Goal:	reduce mentions by 20%

(5) Education: Student Attitudes About Drugs. The President seeks to educate students to disapprove of drug use; we share this goal.

President's Two-Year Goal: increase disapproval by 10%

Our Two-Year Goal: increase disapproval by 10%

(6) Education: Student Awareness of Drug Dangers. More important than the previous goal, however, is one that the President's Strategy has ignored -- student awareness of drug dangers. Studies show that students who believe that a drug is genuinely dangerous are five times less likely to try that drug.

President's Two-Year Goal: none

Our Two-Year Goal: A 50% reduction in the number of students who do not know that cocaine is dangerous.

(7) Education: Comprehensive Programs. The cornerstone of any drug education campaign is having a comprehensive drug education program in every school.

President's Two-Year Goal: none

Our Two-Year Goal: A comprehensive program in every school, K-12, by the start of the 1992 school year.

(8) Treatment: Targeted Treatment on Demand. Ultimately, all addicts must be treated, either on the street or in prison. But certain groups -- pregnant women, and juveniles -- should get help most urgently. Our failure to provide such treatment costs us billions of dollars each year.

President's Two-Year Goal:	none
Our Two-Year Goal:	By the end of 1991, provide treatment to every pregnant woman who is using drugs and every drug-using juvenile in the criminal justice system.

(9) Treatment: General Treatment on Demand. This is the critical goal that must be met if we are going to battle the hard-core addiction problem in the long-run.

President's Two-Year Goal:	none
Our Two-Year Goal:	By the end of 1993, provide treatment for every addict who needs it.

(10) Law Enforcement: Drug-related Violent Crime. By attacking hard-core addiction, and not just casual use, we believe that drug-related crime can be reduced dramatically.

President's Two-Year Goal: **none**

Our Two-Year Goal: **Cut total drug-related violent crimes by 250,000 by the end of 1991.**

(11) Law Enforcement: Punishing Drug Criminals. The key to a law enforcement system that deters drug crime is that punishment must be swift and certain -- as well as severe. Right now, we have a terrible problem with the former of these goals.

President's Two-Year Goal: none

Our Two-Year Goal: By the end of 1994, no drug case shall be dropped, nor any person released from jail or prison, because of lack of prosecutors, judges or prison space.

(12) Law Enforcement: Asset Seizures. The way to "take the profit out of the drug trade" is not to legalize the traffickers' activities -- as some have proposed -- but to take away their profits. That is what this goal aims for.

President's Two-Year Goal: none

Our Two-Year Goal: By the end of 1991, 100 percent increase in total amount of drug-related assets seized by federal authorities.

(13) Law Enfocement: Drug Availability. Law enforcement efforts to make drugs harder to attain, thereby causing the price of drugs to rise, should be continued.

President's Two-Year Goal: Ten percent reduction by 1991 in the number of people reporting that cocaine, marijuana, heroin and other dangerous drugs are easy to obtain in their communities.

Our Two-Year Goal: Ten percent reduction by 1991 in the number of people reporting that cocaine, marijuana, heroin and other dangerous drugs are easy to obtain in their communities.

(14) Law Enforcement: Drug Task Force. America's cities and towns need help if they are going to battle the drug and crime

crisis they are facing. New drug task forces should be provided to all urban areas.

President's Two-Year Goal: none

Our Two-Year Goal: By the middle of 1991, establish a Drug Enforcement Task Force in every urban area in the U.S.

(15) Interdiction: Drugs Entering United States. Our expanded interdiction efforts -- supported by this Strategy as well as the President's -- should bring expanded results.

President's Two-Year Goal: Ten precent reduction by 1991 in the estimated amounts of cocaine, heroin, marijuana and other dangerous drugs entering the United States.

Our Two-Year Goal: Ten percent reduction by 1991 in the estimated amounts of cocaine, heroin, marijuana and other dangerous drugs entering the United States.

(16) Interdiction: Seized Currency Along Border. Stopping drugs is one goal; stopping drug money is another -- perhaps even more important for crippling drug trafficking organizations in the long-run.

President's Two-Year Goal:	none
Our Two-Year Goal:	By the end of 1991, 100 percent increase in amount of drug-related currency seized by persons attempting to smuggle currency out of U.S.

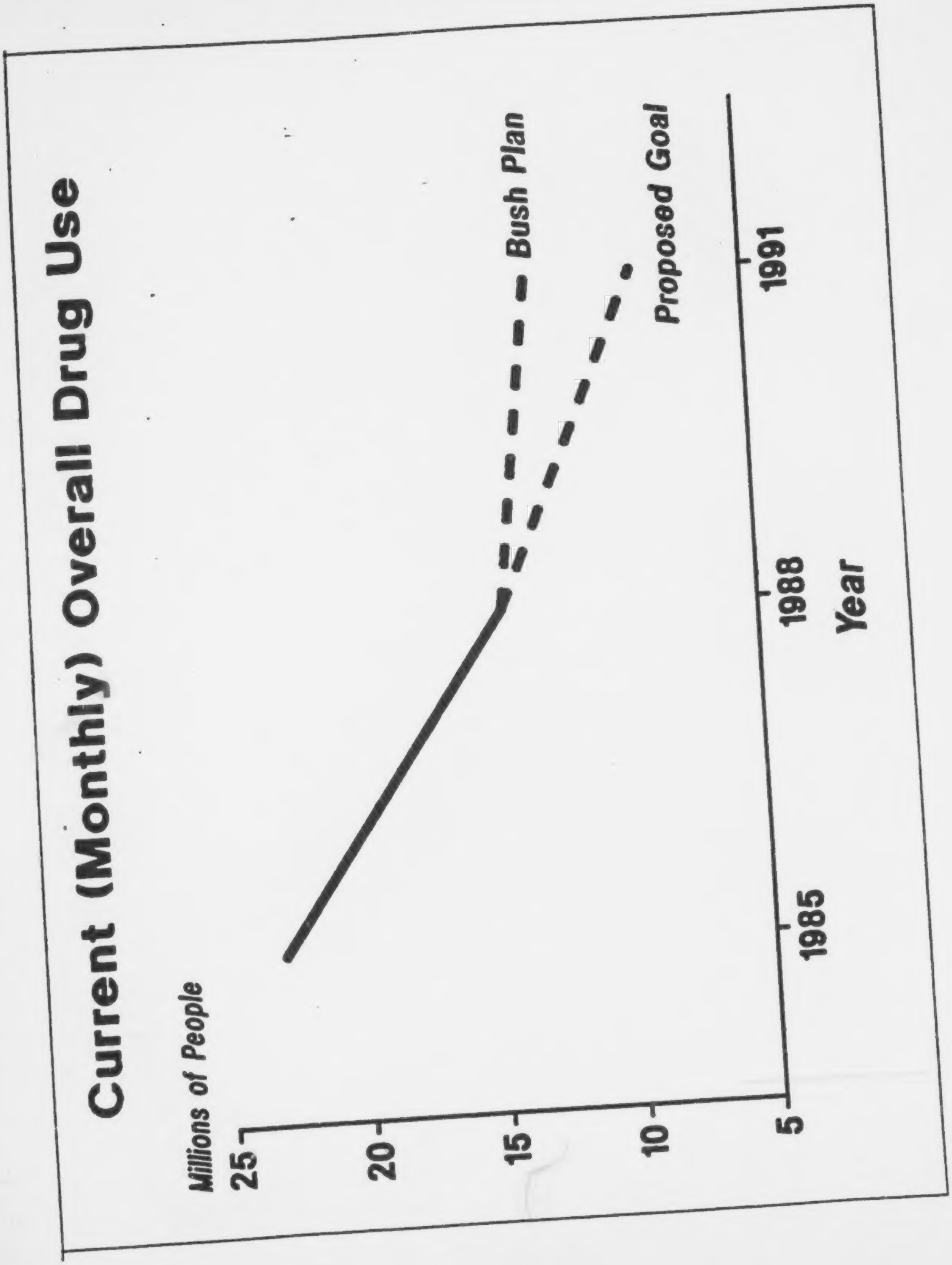
(17) International: Worldwide Coca Production. Hopefully, by launching various programs to move the economies of the Andean nations away from drug dependency, coca production can be brought down.

President's Two-Year Goal:	none
Our Two-Year Goal:	Ten percent reduction by the end of 1991, in coca production in Colombia, Peru and Bolivia.

(18) International: Money-laundering. As noted above, attacking the monetary base of these drug organizations is critical to success against the narco-traffickers.

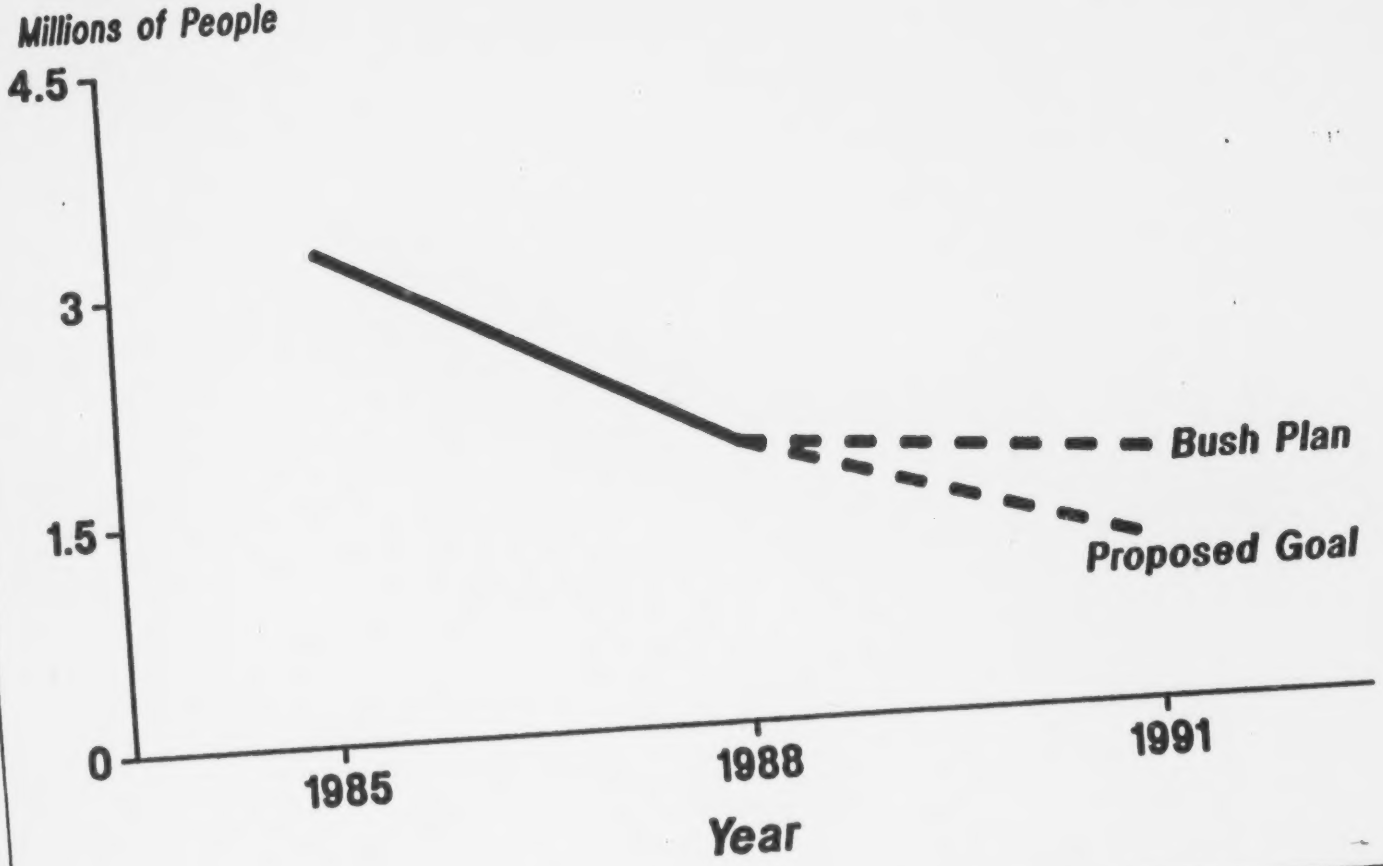
President's Two-Year Goal: none

Our Two-Year Goal: 100 percent increase by the end of 1991, in amount of drug-related assets seized in joint U.S./foreign drug cases.

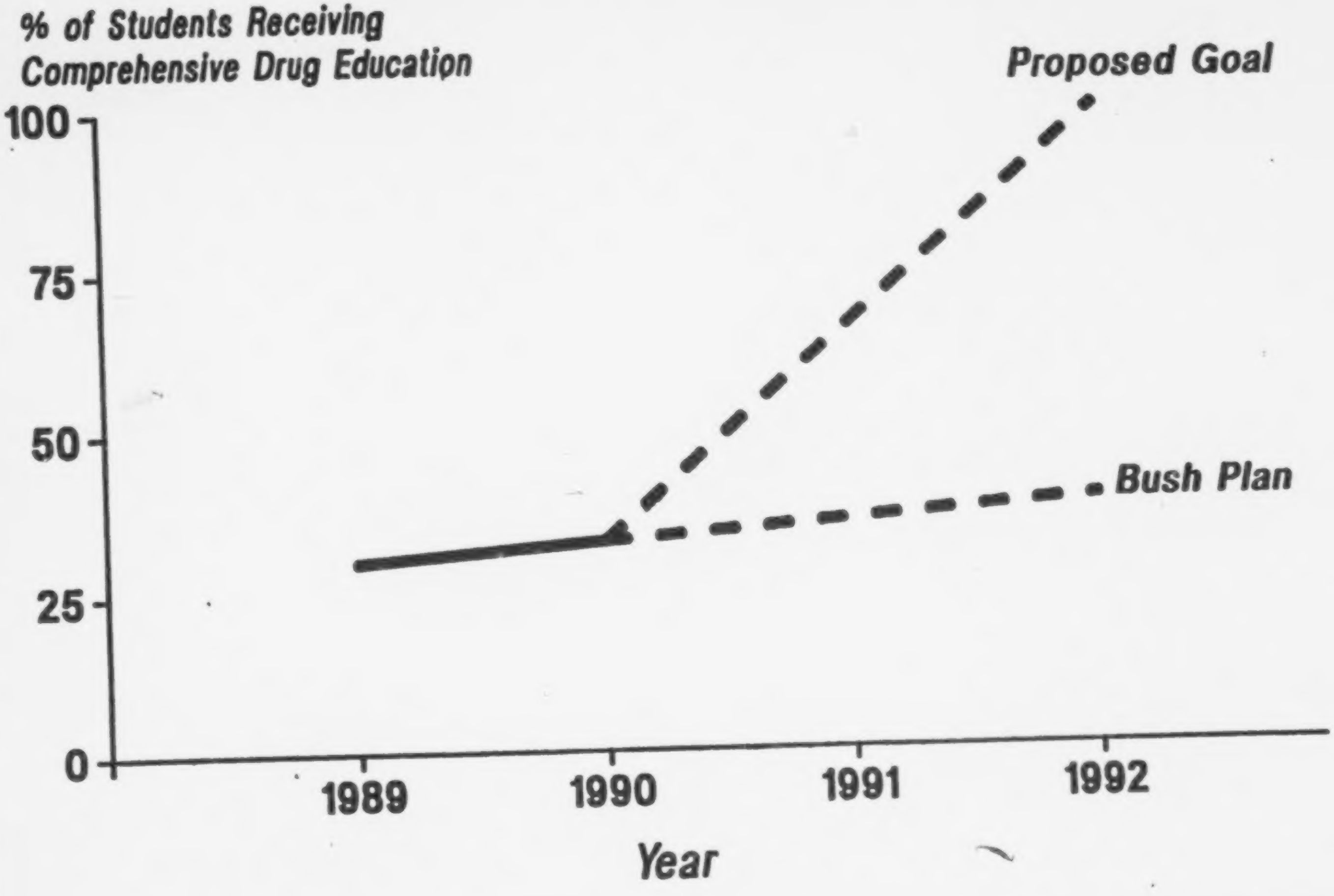


Current (Monthly) Overall Drug Use

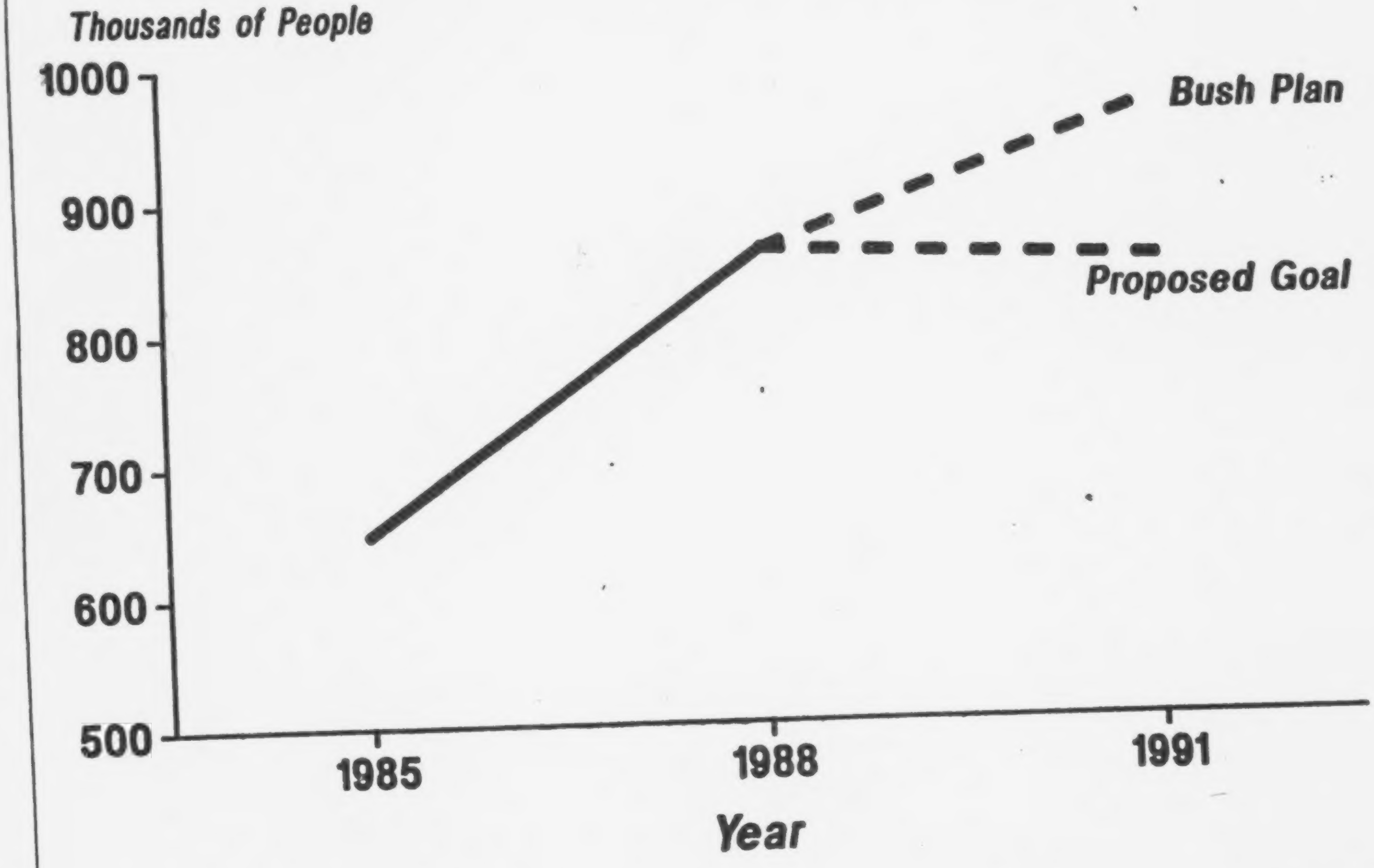
Current (Monthly) Adolescent Drug Use



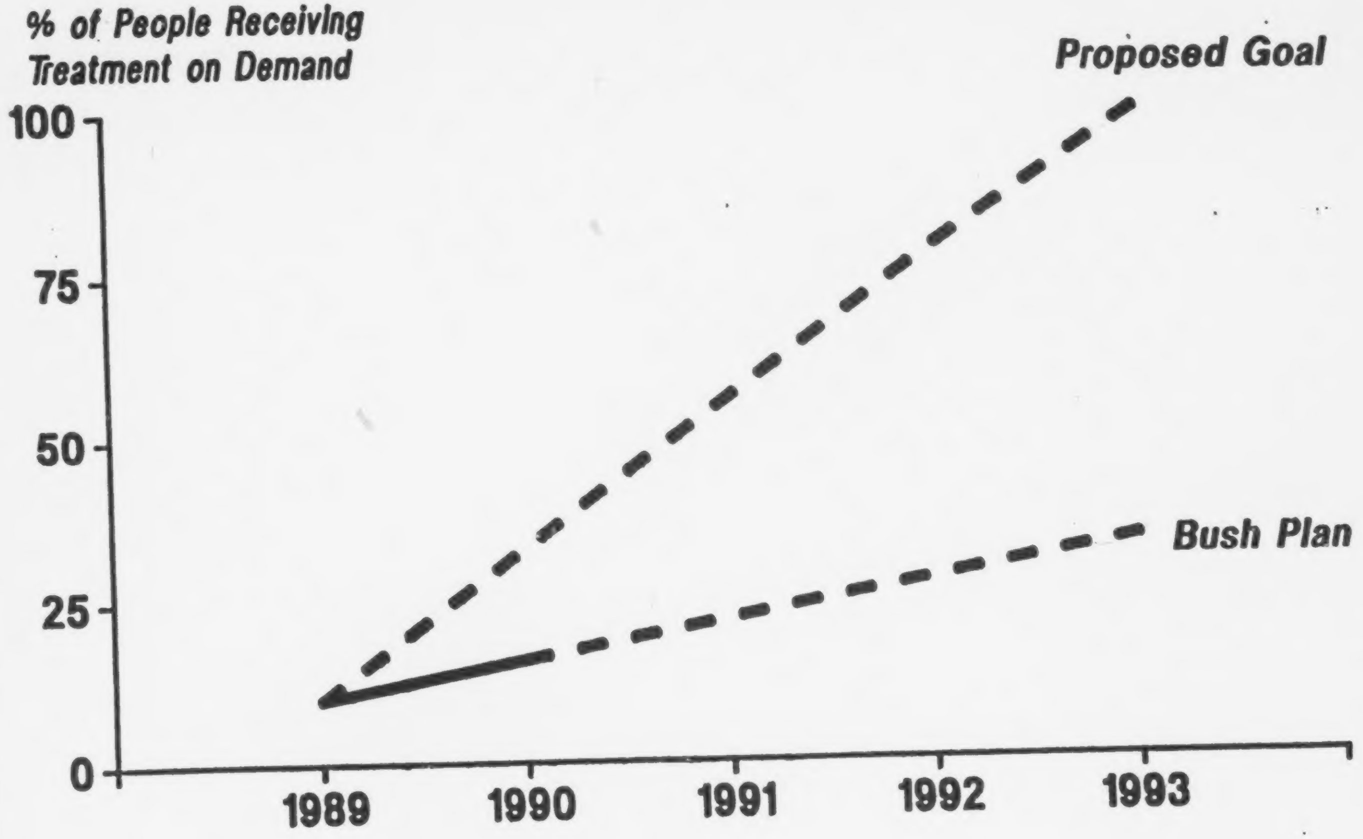
Anti–Drug Education



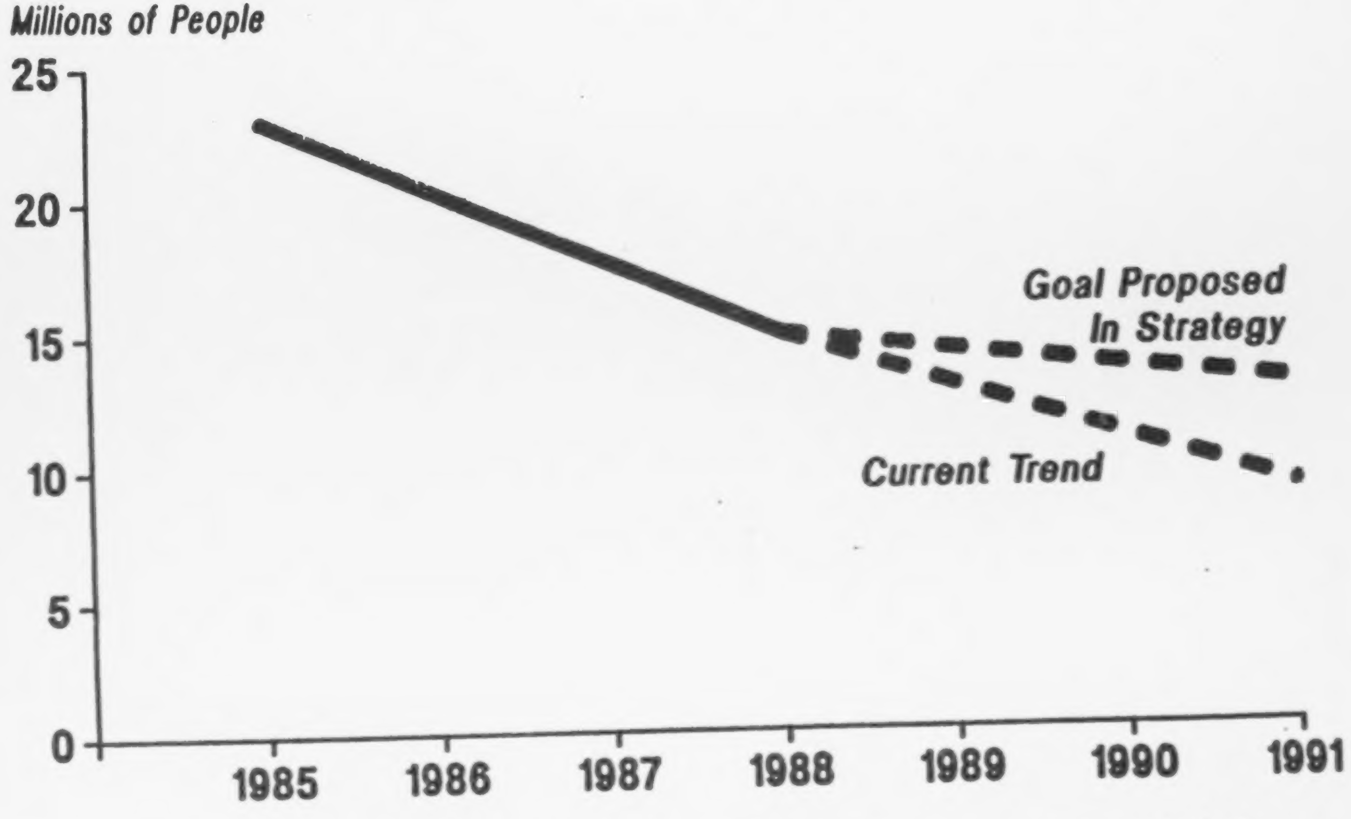
Hard Core (Weekly) Cocaine Use



Treatment on Demand



Monthly Use of Illicit Drugs



Source: National Institute on Drug Abuse, 1988 Household Survey

SUMMARY OF LAW ENFORCEMENT PROPOSALS

- Double the state and local drug enforcement grants to $900 million.

- Boost federal drug enforcement agencies by $525 million, including 1,000 new DEA agents, doubling the FBI's program over the next two year, and adding 900 new prosecutors.

- Expand prison capacity by building 10 regional prisons and 12 boot camps on closed military bases. These facilities, costing $850 million, would house federal, state and local offenders.

- Ban the import, assembly or export of semi-automatic firearms, as called for in S.747, the DeConcini assault weapons bill. Add 250 Bureau of Alcohol, Tobbaco and Firearms agents to crackdown on drug-related gun offenses.

- Attack hard-core drug dealing in urban and rural areas by providing grants to fight inner-city juvenile drug and gang activity, while adding 250 new DEA agents and expanded assistance to fight drugs in rural America.

- Amend federal law to make it a condition of pre-trial or post-sentence release to submit to drug testing, with serious sanctions for those that fail such tests.

CHAPTER III:
LAW ENFORCEMENT

The first priority of any national drug strategy must be to make our streets, schools and communities safe. Indeed, the first priority of government, as mandated by the Constitution, is to "establish justice" and "insure domestic tranquility." Tragically, the pictures of drug-related violence on the nightly news are a constant reminder that our constitutional duties remain largely unfulfilled.

It is unconscionable that hundreds of neighborhoods throughout this country have -- literally -- been abandoned to drug dealers and violent gangs simply because we don't have enough police to shut down these open air drug markets. The first goal of the national drug control strategy should be clear: to take back our streets and communities from drug dealers and to protect law abiding citizens from drug-related violence. There must be no place in America where it is not safe to sit on the front porch of your own home for fear of being caught in a deadly crossfire. There must be no place where it is not safe for a child to walk to and attend school. And no drug dealer should ever be returned to the streets to prey upon more innocent, law abiding citizens simply because we don't have the prosecutors, the judges or the prison beds to take such criminals off the streets.

Past administration plans, like the President's 1989 National Drug Control Strategy, have been long on general statements of policy with which most of us could agree. Congress recognized the need for a more ambitious approach by adding $555 million in new law enforcement funding to the President's supply-side strategy request. It is not enough to say we all must do more; we must identify what it is to be done, how we should do it, and how much it will cost. And we cannot just do more of the same; we must offer new approaches and new initiatives. We must offer a plan that provides swift and sure punishment for drug dealers and restores public confidence in our justice system.

SPECIFIC PROPOSAL: LOCAL LAW ENFORCEMENT

(1) State and local drug enforcement grants. The national strategy must recognize that while the drug problem is one of national and international scope, the devastating impact of

drugs is felt most heavily at the state and local level. In 1986, 88 percent of all drug trafficking convictions occurred in state court; with state and local police making more than 1.1 million arrests for drug offenses. And the drug crisis is the principal reason for the 50 percent rise in the population of state prisons and jails in the past six years. Unfortunately, the Administration attempted to shift much of the burden of fighting drugs to state and local governments by telling them to increase their law enforcement efforts or conduct drug testing without providing any indication of how much this would cost or a realistic way to pay the bill.

The Administration's 1989 anti-drug plan told the states to increase the number of street level arrests, but even a one percent increase in the number of state and local police officers would cost $240 million nationwide. The strategy called upon states to expand prisons and jails, but at an average cost of $50,000 to $65,000 per bed, the seven percent increase needed to keep pace with the increase over the past six months could cost more than $4.5 billion. And the President called upon states to drug test every arrestee and every person in prison or jail or on probation or parole, at an estimated cost of several billion dollars per year. Although each of these goals is worthwhile, a credible national strategy cannot call for these efforts and leave it to the states to pay the bill.

The national strategy must forge a true partnership between all levels of government to strengthen state and local law enforcement -- our front line of defense against drug trafficking and violent crime. Federal anti-drug grant spending should be increased to $900 million in 1991, twice the 1990 funding level. And to reflect a true partnership, and to ensure that only high priority programs are funded, states should be required to shoulder a fair share of the burden by matching federal funds.

These funds should be used to assist the states in shutting down open-air drug markets, establish and expand specialized drug prosecution units, and boost judicial and corrections resources to ensure that drug dealers face swift and certain punishment. After review of the cost-analysis study of local criminal justice drug testing programs required in last year's Justice department appropriations act (H.R. 2991), states should be called upon to initate targeted drug testing programs, possibly starting with persons charged with felonies who are released pending trial and for those on probation or parole.

(2) Priority of state/local interests. Hearings held by the Judiciary Committtee in September 1989 pointed to the lack of effective state and local input during the formulation of the Administration's 1989 drug plan. Mayors and law enforcement officicals testified that state and local interests were not adequately represented in the Drug Director's Office. To

ensure that the national strategy is truly national -- integrating the efforts of federal, state and local anti-drug agencies -- the Associate Director for State and Local Affairs position should be elevated to the Deputy Director level. State and local governments shoulder an enormous share of the drug-fighting burden and should have a proportional say in our national anti-drug strategy.

(3) Juvenile Justice. One of the most startling changes in the drug crisis in the United States is the increasing involvement of children in drug trafficking activities. Once loosely knit groups of juveniles have now organized into powerful and violent gangs to gain control of the lucrative drug trade, particularly street-level "crack" sales in our inner cities. Tens of thousands of youths across the nation are becoming actively engaged in violence and crime before they become teenagers. Without early intervention, these young offenders will go on to criminal careers involving countless violent crimes, repeated trips through the criminal justice system, and immeasurable costs to society. The national strategy must address the problem of juvenile drug offenders at two levels: immediate responses to violent, gang-related activities; and long-term efforts to prevent criminal behavior before it starts with early intervention to steer children away from violent criminal careers.

Unfortunately, just the opposite is happening today. Overcrowded juvenile detention facilities, scarce juvenile court resources and ever-expanding case loads for counselors and social workers have created a "revolving door" juvenile justice system. Serious juvenile offenders are often returned to the streets days or even hours after their crimes. The current system is bordering on collapse: it offers neither promise nor punishment.

The Reagan and Bush administrations have overlooked this problem, arguing that federal anti-drug efforts should not focus on hard-core, inner-city violent gang and juvenile drug trafficking because this is a state and local problem. Both administrations have proposed eliminating all juvenile justice funding, despite the fact that this program is the only federal juvenile justice support program.

The national strategy should establish a new $100 million juvenile anti-gang and drug program. As outlined above, the new program should attack the juvenile drug problem on two fronts: targeting violent gang and juvenile drug trafficking efforts through tough law enforcement efforts, while at the same time laying the groundwork for long-term solutions through education, prevention and treatment. (Also see chapter on Education and Prevention for additional discussion). The Senate has agreed to such a plan -- the biggest single-year expansion of federal juvenile justice assistance ever approved by the Senate -- in an amendment to S.1711 offered by Senator

Joseph R. Biden, Jr. The amendment would create a new $100 million juvenile anti-gang and drug program in the Department of Justice, with funding split evenly between law enforcement and demand reduction efforts. Eighty percent of the funds would be directed to beef-up state and local efforts, while 20 percent would be reserved at the national level to develop new and effective programs.

In addition to providing grants to state and local agencies, the federal government should assist state and local law enforcement with violent juvenile offenders by authorizing the prosecution of the most violent juvenile criminals in federal court. For example, drug-related firearm offenses by juveniles should be included in the list of predicate offenses in the Armed Career Criminal Act, which imposes stiff mandatory minimum penalties on habitual violent criminals. This expansion of federal jurisdiction to the most violent juveniles will not significantly infringe on state court jurisdiction, while still providing a serious deterrent for violent juvenile criminals.

SPECIFIC PROPOSALS: EXPANDING FEDERAL DRUG INVESTIGATIONS

Although state and local agencies form the front line in our nation's defense against drug trafficking and violent crime, the federal government must assume the primary responsibility for cracking down on major drug trafficking organizations, particularly those with interstate and international operations. Despite recent budget increases, federal law enforcement agencies do not have the resources they need to carry out their current obligations, much less the expanded role envisioned for them under the national strategy. This is especially true for the federal courts and corrections systems, which are becoming increasingly paralyzed due to the dramatic increase in federal drug cases.

(1) Drug Enforcement Administration. DEA should continue as the lead federal agency for drug investigations and intelligence, both domestically and abroad. Despite the dedicated and professional work of DEA agents around the globe, DEA does not have the resources it needs to meet its responsibility as the lead federal drug enforcement agency. The strategy should provide for a $75 million expansion in high-priority DEA programs in the next fiscal year.

The Senate has already approved an amendment by Judiciary Committee chairman Joseph R. Biden, Jr., to boost DEA funding by $47.5 million in fiscal 1991, enough to cover the first-year expansion of DEA efforts. The amendment includes $37.5 million for 250 new agents to be assigned specifically to rural areas, particularly those experiencing serious "crack" and "crank" trafficking problems; and $10 million to implement the provisions in the 1988 Anti-Drug Abuse Act to halt the diversion and export of legitimate chemicals into the illicit drug manufacturing market, particularly in South America. (Despite tough rhetoric on the need to crack down on illegal chemical shipments, the administration has not requested one single additional DEA agent since 1986 for its chemical diversion program).

The remaining fiscal 1991 and 1992 funds should be used to expand DEA's state and local task into every one of the approximately 180 cities with a population of 100,000 or more (an expansion into an estimated 130 new cities); create specialized teams made up of agents, lab specialists and intelligence analysts to assist state and local agencies respond to emerging drug problems such as "ice" (smokable methamphetamine) and "parachute" (a smokable mixture of "crack" and heroin) before they reach epidemic proportions; and expand crackdowns on violent gang-related juvenile drug activities.

(2) Federal Bureau of Investigation. FBI Director William Sessions recently testified before the Senate Judiciary Committee that with 1,138 special agents assigned to drug cases, the Bureau is able to target only 50 percent of the major drug trafficking organizations it has identified. The national strategy should call for adding 1,000 new aents to the FBI's drug program by the end of fiscal 1992 -- doubling the program and allowing the FBI to target every major drug group it has identified. The Senate has already approved an amendment by Senate Judiciary Committee chairman Joseph R. Biden, Jr., to meet the first-year goal of adding 500 new special agents and 500 analysts and support staff by boosting the FBI's drug program by $57 million in fiscal 1990.

(3) Federal prosecutors. Federal drug enforcement efforts are increasingly frustrated by the lack of prosecutors, judicial resources and prison capacity to handle the exploding number of drug arrests by federal agencies. "Front-loading" the system -- increasing the number of DEA, FBI and other criminal investigators without proportional increases in the number of prosecutors, judicial resources and prison beds -- has created unprecedented problems in the judicial and corrections components of the federal criminal justice system.

Ensuring swift and sure punishment for major drug offenders will require significant increases in the number of federal prosecutors. The national strategy should call for 600 new positions -- representing a 15 percent increase -- to the 93 U.S. attorneys offices throughout the country to handle drug cases at a cost of $58 million by the end of 1992. The Senate has already approved $24 million to hire additional prosecutors in fiscal 1991 as part of S.1711. An additional $27 million for 300 new positions should be provided for field and headquarters units of the new Organized Crime and Dangerous Drugs Division, and $15 million for the establishment of international drug prosecution teams which will specialize in major trafficking cases involving money laundering and foreign drug cartels. (See Coordination chapter of the strategy for additional discussion.)

The strategy should also include more resources for federal defender services, which will be needed to handle the cases brought by the additional federal investigators and prosecutors provided in this strategy. The Senate has already approved $9 million in fiscal 1991 for defender services as part of S.1711.

(4) U.S. Marshals Service. The increased workload from drug cases has imposed serious burdens on the U.S. Marshals Service, which is responsible for judicial and court security, prisoner transport and various fugitive apprehension activities. The national strategy should include an additional $9 million for 110 new USMS positions as approved by the Senate in S.1711. Additional resources are also required to implement the drug-related terrorism initiative outlined later in this chapter.

SPECIFIC PROPOSALS: COURTS

(1) Federal Judges. No component of the federal system has been more dramatically impacted by the national drug crisis than the federal judiciary. Almost 10 percent of the criminal caseload in federal courts is drug related. The Administrative Office of the U.S. Courts estimates that 12,000 drug-related cases will be filed in U.S. courts in 1990, an 85 percent increase in the past five years.

More federal judges are need to meet the ever-increasing number of federal drug cases, particularly given the additional "front end" investigative and prosecutorial resources called for in this section of the national strategy. The Senate has already endorsed a proposal offered by Senator Joseph R. Biden, Jr., to create 20 new federal district court judgeships in those districts most effected by the drug trade, based on the recommendations of the Judicial Conference of the United States.

Of more immediate concern is the inexcusably large number of judicial vacancies in the U.S. courts, and the impact this has had on the ability of the federal bench to handle drug and other important criminal cases. As of early January 1990, there were more than 50 vacant positions on the federal bench, almost 10 percent of the total federal judiciary. The backlog of drug cases in U.S. courts can not be seriously addressed until the backlog of judicial nominees is addressed. Filling these vacant positions should be the highest priority in the national strategy's recommendations relating to U.S. courts, and the President should act promptly to meet his constitutional role in ensuring that the federal judiciary is adequately staffed.

(2) Judicial resources. The overburdened judicial system also requires a significant expansion of support and administrative services for U.S. courts, including additional magistrates, probation officers and computer and technical

support services. The Senate has already approved an additional $9 million in fiscal 1991 for judicial support services and staff, and the national strategy should include an additional $50 million over the next three years to meet the judiciary's expanding resource needs for drug cases.

SPECIFIC PROPOSALS: PUNISHING DRUG OFFENDERS

(1) Shock incarceration. The lack of prison and detention facilities at the federal, state and local level is the single greatest problem in the criminal justice system in America. Convicted drug offenders frequently are returned to the streets without serving any jail time; punishment for drug crimes today is neither swift nor certain. Public confidence in the system is, understandably, at an all-time low. Robert Stutman, Special Agent-in-Charge of the DEA's New York division, recently testified at a hearing on the extent of drug trafficking in our cities: "In New York City it is a general rule of thumb ... you get two free bites of the apple if you are a drug violator; meaning, the first two times you are arrested for drug violations, you do not do any serious jail time -- a few days."

The national strategy should call for incarceration or boot camp prisons for federal and state prisoners. Such brief, but intensive incarceration would give the courts and corrections systems at all levels of government an alternative between the further overcrowding of prisons and putting people on probation who would be in prison but for the overcrowding. They also would create a form of punishment that might be particularly suitable for young adults with no prior experience in prison -- ending criminal careers before they get started.

The boot camps could be located on closed military bases, with sites chosen by the Drug Director and the Federal Bureau of Prisons. Boot camps would provide a regimented program of work and exercise similar to military training, but with a degree of freedom not available in conventional prisons and jails. Remedial education and drug treatment will be available.

The national strategy should allocated $150 million for the establishment of 10 boot camps, each accomodating between 200 and 300 inmates for periods of 90 to 120 days. To be eligible for assignment to a boot camp the defendant must be under 25, have been convicted of a drug offense or of another crime while using drugs, have no prior conviction for which he or she has served time in jail, and be sentenced for an offense for which the punishment under the federal sentencing guidelines would not exceed two years. States would be required to make similar changes to state law.

(2) Regional prisons. The strategy should also allocate $700 million for the construction and first-year operation of 10 regional prisons. These prisons would be occupied by 6,400 state and 1,600 federal prisoners who have drug abuse problems.

Drug abusing prisoners are highly likely to return to crime upon release, but the recidivism rate is much lower for those who successfully complete treatment programs. Providing drug treatment to prisoners during incarceration therefore takes advantage of one of the few opportunities to break the cycle of drug abuse, crime and incarceration. Unfortunately, only one prisoner in 10 now receives drug treatment in prison. The President's plan makes only passing reference to the need for prison-based treatment programs, and provides no specific funding for this need.

SPECIFIC PROPOSALS: WEAPONS CONTROL

(1) Assault weapons. There is no doubt about the relationship between drug trafficking and the increase in crime and random violence committed by persons armed with extremely lethal weapons. Ignoring the drugs-guns connection will result in increased drug-related violence, particularly against law enforcement officials who are increasingly outgunned by violent drug traffickers.

As a first step, the national strategy should adopt the assault weapons bill authored by Senator Dennis DeConcini and approved last July by the Senate Judiciary Committee. The DeConcini bill would ban the possession, sale, importation, and manufacture of nine assault weapons, including domestically produced weapons not covered either by the President's order or his crime package. The bill, like the President's proposal, would not apply to weapons owned by private citizens, but it would require the keeping of records of all future transfers of such weapons to assist law enforcement in keeping them out of the hands of drug dealers and dangerous criminals.

The DeConcini bill would also increase the mandatory minimum penalty for committing a crime with an assault weapon from 5 years to 10. It would impose a minimum penalty of 2 years for stealing any firearm, and create a new offense of smuggling any firearm into the United States with intent to commit a crime of violence or take part in a drug offense. Finally, it would require that persons on supervised release from prison be sent back to prison if they are caught with a firearm in their possession. (See chapter on International Drug Control for further firearms provisions).

(2) Bureau of Alcohol, Tobacco and Firearms. To ensure that federal firearms laws are adequately enforced, 250 new special agents positions should be established in BATF to target drug conspiracies that use weapons in the course of their illicit activities. And, as discussed in the international section of

the strategy, BATF should double the number of special agents devoted to halting the illicit flow of weapons from the United States to the overseas drug cartels.

(3) Other firearms provisions. The national strategy should also include the minor and technical firearms provisions and penalties set forth in title I of the President's crime bill, S.1225: allowing federal agencies to use firearms forfeited by criminals; making it illegal for persons convicted of misdemeanors involving a firearm or serious drug misdemeanors to buy or sell a gun; authorizing the pre-trial detention of persons charged with serious firearms violations; and raising the penalty for making a false statement on an application for the purchase of a firearm.

SPECIFIC PROPOSALS: PROBATION, PAROLE AND BAIL REFORM

(1) Pre-trial drug testing. Drug testing in the criminal justice system offers one of the most promising opportunities to protect the public and break the cycle of drug abuse and crime. For example, defendants arrested and released on bail can be monitored for drug use, one of the most reliable predictors of criminal behavior. Accordingly, the Bail Reform Act should be amended to require drug testing as a condition of pre-trial release in every case involving a felony and every misdemeanor involving drugs, firearms, or a violent crime. If a defendant tests positive, the judge or magistrate with

jurisdiction over the defendant would be authorized to require the defendant to enroll in a drug treatment program. The defendant could remain on pre-trial release but only if he submits to weekly drug tests or be incarcerated until trial. The Administrative Office of the U.S. Courts estimates that it will cost $23 million per year to perform the required drug tests. The federal experience should also serve as a model for state and local jurisdictions, which should be encouraged to undertake similar drug testing programs.

(2) Mandatory detention pending sentencing and appeal. Streets and communities can be kept safe from drug dealers and other criminals by making sure that people awaiting trial or sentencing are not free to commit new crimes. As proposed by Senator Paul Simon, the Bail Reform Act would be amended to provide that all defendants convicted of crimes of violence, offenses carrying maximum terms of life in prison or death, and drug offenses with a maximum sentence of ten years or more must be detained while awaiting sentence or appeal.

(3) Drug testing of defendants on post-conviction release. The national strategy should also require the Administrative Office of the U.S. Courts to establish a program of drug testing all defendants who are released on probation, parole or supervised release. The testing should apply to anyone convicted of a felony or a misdemeanor involving a drug, a firearm, or a crime of violence. The President has recommended a similar program.

Federal law governing probation, parole and supervised release should be amended to make it a mandatory condition of release that the person abstain from using all controlled substances and confirm their abstinence with regular drug tests, and it should contain sanctions for those who violate those conditions. In the case of probation, the defendant should be sent to prison, be required to enroll in a drug treatment program, or be assigned to a period of home detention with electronic monitoring. In the case of supervised release, the court should be required to revoke the term of supervised release and to require the defendant to serve all or part of that term in prison without credit for time previously served on post-release supervision. The total cost, including the treatment of persons testing positive, would be $48 million.

SPECIFIC PROPOSALS: FORFEITURE

(1) Providing adequate firepower to federal drug agents. This year more than $300 million will be forfeited by criminals and deposited into the Justice Department's Asset Forfeiture Fund. Current law provides for a number of programs for which this money may be used by federal, state and local law enforcement agencies. To correct one of the most serious imbalances in the government's fight against drugs -- the increasing firepower of drug traffickers relative to law enforcement agents -- the statute governing the uses of the Fund should be amended to

allow up to $10,000,000 per year for the purchase of firearms, ammunition, protective armor and personal safety equipment as proposed by Senator Joseph R. Biden, Jr.

The Justice Department currently opposes this proposal, arguing that it is inappropriate to use the seized assets of drug traffickers to equip federal drug agents. However, this use is in keeping with other currently authorized disbursements from the Fund which include the equipping of government-owned vessels, vehicles and aircraft for use by federal agents. The Department should drop its objections immediately, and the proposal should be incorporated into the national strategy.

The permissible uses of the forfeiture fund should also be expanded to permit disbursements to pay for storage and destruction of precursor chemicals and the payment of rewards for information relating to money laundering offenses.

(2) Streamlining drug forfeiture cases. Approximately 30 percent of the drug-related forfeitures could be handled through cost-saving administrative procedures. Current law limits administrative forfeiture procedures to property worth $100,000 or less. This law should be changed to $500,000.

The General Accounting Office has found that approximately one-third of all drug forfeitures involve cash. Fourteen percent of this cash is forfeited after administrative procedures because the amount in question is $100,000 or less;

the remaining 86 percent is subject to judicial forfeiture. Judicial forfeitures of cash are almost always uncontested, however, and therefore could be handled administratively without jeopardizing property rights. In addition, the $100,000 limit on administrative forfeitures of property should be raised to $500,000. These changes would greatly increase the effectiveness of forfeiture as a tool for federal agencies to strike at the financial underpinnings of drug trafficking, while also expediting the transfer of seized property that is shared with state and local law enforcement agencies that participate in joint federal/state forfeiture operations.

SPECIFIC PROPOSALS: RURAL DRUG ASSISTANCE

Despite the common perception that drugs are an urban problem, drug trafficking and abuse in rural areas are widespread -- and growing. According to the U.S. Department of Justice, arrests for drug abuse violations in rural counties jumped 20 percent between 1986 and 1987, compared with an 11 percent rise in urban areas.

Hearings before the Senate Judiciary Committee last year identified the problems that sophisticated interstate and international drug traffickers pose for rural law enforcement agencies. Such agencies do not have the officers, equipment or access to investigative information needed to mount effective anti-drug enforcement efforts. More recently, the operators of clandestine labs producing methamphetamine -- commonly called "crank" -- have turned to rural areas to avoid detection by the odors produced by the chemicals and processes used to make the drugs.

Past federal responses to the drug problem have overlooked the drug crisis in rural America. Federal agencies have concentrated their personnel in urban centers, pushing drug trafficking groups into rural areas. Federal grants to state and local law enforcement agencies are distributed according to a formula based solely on population, ignoring the unique geographic problems of rural areas. The Administration's current approach continues to neglect rural areas.

The national strategy should expand current administration policy by recognizing the clear federal role in combating drug trafficking in rural areas. Such recognition will require a major federal commitment to assisting rural law enforcement agencies. First, the Attorney General should direct DEA to assign not less than 10 special agents to each of the several states, including four additional agents to each rural state. These agents should be assigned specifically to work drug trafficking cases in cooperation with rural police agencies and prosecutors. Second, the strategy should include at least $20 million in new funding for grants earmarked for rural agencies. And third, the Federal Law Enforcement Training Center in Glynco, Georgia, should establish a specialized training course for rural law enforcement officers. These proposals, modeled closely after legislation introduced by Senators Baucus, Pryor and Biden, were approved by the Senate as an amendment to S.1711, and should be incorporated into the national strategy.

SPECIFIC PROPOSALS: IMPROVING DRUG ENFORCEMENT

(1) Public corruption. One of the most troubling side effects of our drug crisis is the increase in drug-fueled corruption taking place among our public officials and law enforcement officers. The corruption of state and local law enforcement personnel by narcotics traffickers has, unfortunately, become commonplace in many parts of the country. Numerous federal, state and local agencies have recognized the need to respond aggressively to incidents of narcotics-related corruption. Public confidence in our law enforcement institutions must be ensured by severly punishing those who violate the public's trust. Such efforts should be encouraged and strengthened in the national strategy.

The national strategy should incorporate legislation passed by the Senate in 1988 that would make it a federal crime to bribe a law enforcement agent in connection with drug trafficking activity. The involvement of the federal law enforcement apparatus is necessary, of course, because local authorities are sometimes hampered in their ability to prosecute corruption in their own ranks. This would be an important tool in the federal government's effort to combat narcotics trafficking. In addition, the Justice Department, acting through the FBI National Academy or the Federal Law Enforcement Training Center, should develop a specialized course teaching internal affairs personnel of state and local law enforcement personnel to identify and investigate incidents of narcotics-related corruption in their agencies.

(2) Steroids. The abuse of anabolic steroids has become a major drug abuse problem in the United States. An estimated one million Americans use steroids for non-medical purposes, risking severe physical and psychological problems including cancer, heart disease and violent psychotic behavior; 500,000 of these users are high school students. Recent research has indicated that steroids can lead to psychological dependence, and medical investigators are now examining whether steroids can result in physical dependence. At the same time, the illicit steroid trade has become a major blackmarket industry. The Justice Department estimates that illegal steroid sales may reach $300 million to $400 million annually.

The current regulatory scheme is clearly inadequate. Steroids are considered "prescription drugs" under the Federal Food, Drug and Cosmetic Act, with the U.S. Food and Drug Administration as the lead steroid enforcement agency. The FDA, however, devotes only 40 investigators to its entire steroid enforcement program. And these investigators are ill-suited to mount a national crackdown on steroids; FDA investigators are not authorized to carry firearms nor can they make arrests or serve search warrants without being accompanied by FBI, Customs Service or other federal agents.

The national strategy should incorporate recent legislative initiatives offered by Rep. Mel Levine and Sen. Joseph R. Biden, Jr., to add steroids to the list of controlled substances. Such efforts would significantly increase penalties for illegal steroid trafficking, give DEA jurisdiction to investigate steroid cases and incorporate anti-steroid education and prevention efforts in general drug abuse programs.

(3) Police Corps. The national strategy should also include recent proposals to establish a national Police Corps program consisting of college students who work with police departments while they attend college and agree to serve as police officers for four years following college graduation. For this commitment, the student will receive up to $10,000 per year for college expenses. The program would be modeled on the Reserve Officers Training Corps (ROTC). Senators Specter and Sasser introduced a police corps bill, S.1299, early last year.

The police corps concept would significantly increase the training and professionalism of police forces across the country as well as providing new opportunities for students who are interested in law enforcement careers but have been unable to afford a college degree. Federal, state and local law enforcement officials must be able to recruit and retain the highest caliber employees, particularly those with specialized training in business, foreign languages and computer technologies. The police corps concept should greatly assist such agencies in this effort, and should be incorporated into the national strategy.

(4) Federal courts/State offenses. As mentioned, the overwhelming majority of drug prosecutions occur in state courts. However, there is concurrent federal jurisdiction for most drug offenses, and the federal penalties are often more severe. The national strategy should direct federal prosecutors to establish working agreements with state and local prosecutors to bring selected state drug cases to federal court to help relieve state court dockets.

These arguments have proven effective in the Southern District of New York and other areas. In the Southern District, for example, on a specified day assistant U.S. Attorneys in the Manhattan office accept state cases for prosecution under federal laws. Not only does this relieve overwhelmed state court dockets and foster federal/state cooperation, stiff federal sentences are a significant threat to drug dealers, who now face stiff federal sentences.

Each U.S. Attorneys should establish a "drug days" agreement with the local law enforcement agencies in their districts. Every case involving a person arrested on a given day each month for offenses that are felony violations of the federal drug laws would be presented to a federal grand jury and, if indicted, prosecuted in federal court.

(5) Drug-related child abuse. Our plan recognizes the violence endured by children whose parents are addicted to drugs. Of the two million children who annually suffer from physical and sexual abuse and neglect, an estimated 675,000 are seriously mistreated by a drug abusing caretaker. Newspapers, television and police accounts report the mistreatment -- the murder, rape and starvation -- of children by parents whose addiction has long severed their ability and desire to care for their children. Robert Stutman, the chief of DEA in New York, recently testified before the Senate Judiciary Committee that "last year in New York City, 73 percent of the children who were beaten to death were the children of substance abusing parents ... the majority of those parents were cocaine users." For these aggregious cases, our plan adopts provisions from legislation introduced by Senator Joseph R. Biden, Jr. and Senator Harry Reid, which creates a new federal offense of "drug-related child abuse," and makes that offense a felony under federal law. It also imposes a minimum sentence of 25 years for habitual child abusers.

In addition, our plan would amend federal criminal court procedures that currently do not adequately protect the rights of child victims. These changes, based on effective laws already adopted in several states, should serve as a national model, ensuring that children are able to testify freely in an environment that is sensitive to their fears and the trauma they may have already experienced.

The plan also authorizes $20 million for a new program to aid prosecutors and court officials handling child abuse cases. The program would ensure that every child abuse victim who needs one would have a court-appointed special advocate to represent the child's interest during the judicial proceedings, establish multi-agency task forces to minimize the trauma to child victims and expand training for judicial personnel.

Finally, our plan would require that any person who is involved in child care who works for the federal government or on federal land would be required to pass a criminal background check for serious offenses.

(6) Narcotics-related terrorism. The national strategy should include a specific plan to address the issue of drug-related terrorism. The Colombian government's crackdown against the Medellin cocaine cartel has spawned an unprecedented round of terrorist violence, including the bombing of the Colombian security agency building and the downing of an Avianca airliner, killing all 107 passengers and crew. Although the cartels have generally avoided targeting U.S. citizens, as the crackdown becomes more effective, the cartels may resort to more extreme -- and seemingly irrational -- behavior, including strikes against U.S. citizens or facilities. There is

increasing intelligence that the cartels may be targeting sites in the United States, and the FBI has made arrests of suspected narcotics-related terrorists linked to the drug cartels.

To its credit, the FBI has taken a pro-active approach, establishing a narcotics-terrorism working group in its Miami office. However, the Bureau has not decided which headquarters office -- the Terrorism or Drug section -- should be responsible for national oversight of such efforts. Such designation should be made as quickly as possible.

In addition, aviation security should be a high priority for U.S. protective efforts. The Colombian government's investigation of the Avianca bombing, for example, revealed grossly inadequate airline security precautions, including the use of X-ray detection equipment that did not work. The Federal Aviation Administration, in conjunction with the State Department, should undertake a comprehensive assessment of the adequacy of aviation security at airports in drug-producing countries. One major step would be the posting of FAA security specialists in U.S. embassies in Latin America, a step that has been blocked by the State Department because of the reciprocal ceilings on the number of personnel that can be stationed at embassies. And the FAA's intelligence section should strengthen its links with U.S. intelligence agencies.

Finally, research and development efforts should be undertaken by the Advanced Technology Assessment Command to develop promising counterterrorist technologies to assist U.S. law enforcement and intelligence agencies respond to the threat of drug-related terrorist actions. (See chapter on Research for additional discussion).

DIFFERENCES WITH THE PRESIDENT'S STRATEGY ON LAW ENFORCEMENT

* The President's approach fails to provide sufficient resources to state and local law enforcement agencies, our front line of defense in protecting our communities and schools against drug trafficking. Our plan would increase funding to $900 million -- double the current level of funding.

* The President's plan ignores the problem of dangerous assault weapons, the firearms of choice for violent drug traffickers. Our plan includes the DeConcini assault weapons bill, extends its provisions to ban the export of dangerous firearms that are banned domestically, and adds 250 new BATF agents to crackdown on drug-firearms offenses.

* The President's plan has no specific proposals to deal with the problem of hard-core drug trafficking in rural and urban areas. Our plan establishes a $50 million initiative to fight inner-city juvenile gang and drug activities, while attacking rural drug problems by directing DEA to assign at least 10 agents to each state and expanding state and local assistance to rural drug enforcement agencies.

* The President's approach falls short in boosting federal drug enforcement resources. Our plan increases DEA's budget to add 1,000 new positions in fiscal 1991, doubles staffing for the FBI's drug program by the end of fiscal 1992, and adds 900 new assistant U.S. attorney positions.

* The President's plan contains no specific proposals to assist states deal with their number one criminal justice problem: overcrowded prisons. Our plan provides $700 million to build 10 regional prisons for hard-core drug offenders and $150 million to construct 10 boot camps on closed military bses for non-serious drug offenders. Both the regional prisons and the boot camps would house federal, state and local prisoners.

* The President's plan ignores two emerging drug abuse problems: methamphetamine ("meth" or the smokable form "ice") and steroids. Our plan would create specialized teams of DEA agents, chemists and intelligence analysts to target local "meth" traffickers before they take hold in new markets. And to crackdown on the growing steroid trafficking problem, steroids should be made a schedule II controlled substance, similar to cocaine and other dangerous drugs.

SUMMARY OF TREATMENT PROPOSALS

- Provide treatment on demand for pregnant women and youths by the end of 1991.
- Provide treatment on demand for all drug abusers who need it by the end of 1993.
- Expand Medicaid coverage of drug treatment services. With $200 million from the federal government and and additional $185 million from the states, 40,000 more people could receive needed drug treatment.
- Encourage private-sector companies to include drug treatment in their benefit packages.
- Use both "carrots & sticks" to get all prisoners with substance abuse problems into drug treatment programs.
- Reinvigorate federal quality regulations of drug treatment programs to ensure that the programs are safe and effective.
- Launch a renewed Medications Development Program to promote the research and development of medicines used to "cure" drug addiction.
- Modify the Orphan Drug Act to encourage private industry to take a greater interest in pharmacotherapeutic development.

CHAPTER IV: TREATMENT

INTRODUCTION

While few would deny that an individual's first use of illegal drugs is generally an act of free will, many illegal drugs have powerful addictive effects on the brains and bodies of users that make it difficult for them to quit, even if they wish to do so. Some of these persons will be able to shed their addiction on their own, but millions of addicts will continue to use illegal drugs if they do not receive help.

The President's approach to drug control fails to provide this help for most drug addicts. Such a policy is not a reasonable option for cities and towns, employers and educators, children and parents -- who know that we must provide effective treatment for every drug user who needs it.

Our methods for treating drug addictions have advanced little over the past two decades. Over the same period, however, drug dealers have developed many new "products." Crack could not be found on American streets until 1983. Ice is an even more recent innovation. And, over the next decade dealers will surely discover new drugs and new ways to abuse existing drugs. The need for a well-funded research and development program is clear -- existing drug treatments must be improved, and experimental treatments should be tested and developed.

Our national drug treatment strategy must meet two overriding objectives:

* First, we must provide drug treatment to all Americans who need it; and

* Second, we must develop drug treatment capable of helping the drug abusers responsible for the lion's share of the nation's drug-related crime, violence and human tragedy -- the hard-core addict.

We know, and the President acknowledges, that drug treatment is effective for many addicts. While it is true that addiction is a chronic disease, and treated patients are always subject to relapse, a substantial percentage of patients who receive quality drug treatment will remain drug-free.

And, even if patients relapse, they and society will have benefited from their stay in treatment. Addicts will have reduced their drug use substantially. Other studies show that when addicts receive quality drug treatment they are less likely to commit crimes and are more likely to secure long-term employment. While no treatment program helps all persons, well-conceived and well-run programs make a positive impact on the lives of many patients, which in turn benefits all Americans.

Unfortunately, many more people try to get help than for whom treatment slots are available. A recent survey of 40 states and the District of Columbia by the National Association of State Alcohol and Drug Abuse Directors found that over 58,000 persons are waiting to enter drug treatment. One half of these persons have been waiting for at least 30 days. And, in some urban areas, addicts must routinely wait for several months before treatment programs can accept them.

The President's September Drug Strategy recommended that drug treatment be provided for fewer than 1 of every 10 of the nation's drug abusers. This was unacceptable. As a result, Congress added more than $220 million to the $985 million the President requested for the Alcohol, Drug Abuse and Mental Health drug treatment block grants.

With this increase, drug treatment will be available for approximately 1.2 million patients; a significant and welcome addition, but still not enough. This increase in capacity will not allow us to treat even the four million people the President identifies as serious drug addicts. (Persons who use drugs more than 200 times each year.)

The President's forthcoming strategy is not expected to request significantly more funds for drug treatment. However, it is clear that many more drug treatment dollars are needed for the nation to provide drug treatment on demand for all the addicts who require it. It is also clear that the nation will mark the time until we provide treatment on demand in cocaine-damaged babies, abused children, crime, violence and human tragedy.

More treatment alone is not enough. The nation must increase drug treatment quality, as well as our drug treatment capacity. Today, even when addicts are able to get treatment, it is often of uneven or poor quality. Trained staff must be available. They must stay abreast of the latest advances in drug treatment. Programs must monitor themselves, always with an eye towards improving their performance. Existing facilities often need updating and repair. These and other improvements demand increased funding.

Despite these dire needs, the President remains reluctant to substantially increase treatment funds. He argues that the nation's drug treatment system cannot absorb large resource increases. If he envisions putting all the funds into existing, dilapidated or inefficient clinics, his argument is valid. However, if we are to treat the nation's drug abusers, we must expand and improve our treatment capabilities, which requires additional resources.

The President's approach does too little to deal with America's drug crisis. Nowhere will these shortcomings be more damaging to the country than in their failure to address the problem of America's hard-core addicts.

Hard-core addicts are clearly the most difficult drug abusers to treat. But they are also the most dangerous to not treat, for hard-core addicts cause most of the crime, violence and health problems associated with drug use. Fortunately, promising programs for treating this difficult group do exist.

Almost every hard-core addict will serve time in prison. And almost all who do will eventually be released. However, drug treatment programs are not available to the vast majority of prison inmates. While inmates usually consume fewer drugs in prison than on the street, one should not confuse this phenomenon with drug treatment.

Judicially-mandated treatment may be incentive enough for some hard-core addicts to seek treatment. However, treating the hard-core addicts who are already in prison awaiting treatment must take priority. Before we add to drug treatment waiting lists, we must address the needs of those already in line.

Pharmacotherapy, the use of medicines to treat drug addiction, shows enough promise to warrant significant federal investment. The medicines will help reduce the craving addicts feel for their drug(s) of choice. With them, physicians will be able to safely wean patients from their illicit addictions. This treatment method has the potential to offer broad positive effects to the addict population. Pharmacotherapy is a promising field, one that has urgent resource needs -- certainly one that would efficiently and productively absorb a large funding increase.

Over the past decade, the number of women abusing drugs has risen dramatically. Today, about one-half of the nation's drug addicts are women, and most of them have children. Our drug treatment system has not been able to keep up with these changes -- less than 1 of every 100 drug treatment facilities can provide the child and obstetric care necessary to treat pregnant women and mothers. Here, again, we must expand and improve our treatment facilities if we are to treat America's addict population.

SPECIFIC PROPOSALS: TREATMENT FOR PREGNANT WOMEN AND YOUTHS

Ultimately, treatment on demand -- immediate acceptance into a treatment program -- must be available for all addicts who choose to rid themselves of drugs. This treatment objective should be realized by the end of 1993, an attainable, yet ambitious goal. In the meantime, we must target our efforts to treat pregnant women, new mothers and children by the end of 1991.

(1) Provide targeted treatment on demand. As we begin building the capacity of our treatment system to provide treatment on demand to all addicts, we should devote our initial efforts to programs which treat pregnant women, mothers of young children, and children under age 18. These three groups should have treatment on demand available to them within two years.

The country must provide immediate treatment to all of the 375,000 pregnant women and new mothers who abuse drugs, as well as all of the 1.4 million children who need drug treatment. We should meet this goal within two years. Meeting this objective will require more and better treatment programs, more facilities and drug treatment professionals. The first year's cost of providing these will total $3 billion.

A recent nationwide study found that 11% of all children born in the U.S. each year -- 375,000 children -- have been exposed to illegal drugs while in the womb. Robert Stutman, then head of the Drug Enforcement Administration's New York Division, recently told the Senate International Drug Caucus that the most alarming recent drug abuse trend is the increasing number of female addicts. Recent studies indicate that one-half of all Americans addicted to crack are women. This trend carries with it several harmful side-effects. They include: the problems of drug-exposed and addicted newborns, drug-related child abuse, and the spread of AIDS by women who trade sex for crack.

Drug-exposed babies represent the single most tragic element of our national drug crisis. Prenatal exposure leaves these babies more likely to be spontaneously aborted, to die of Sudden Infant Death Syndrome, to have HIV, to be born prematurely and have very low birthweights, and to have prenatal strokes, physical abnormalities, and brain damage.

Prenatal treatment for women, including parenting skills and medical education, reduces the incidence of prenatal drug exposure and its attendant harms. In addition, prenatal treatment, which costs roughly $5,000 per woman, is much less expensive than the health and social services needed by children exposed to drugs in the womb. Providing such services for the first five years of life costs about $43,000 per child. Providing prenatal treatment for the estimated 375,000 pregnant women who abuse drugs will cost approximately $1.8 billion -- vastly less that the $15 billion necessary to rear

375,000 drug-exposed children. For both humanitarian and financial reasons, we must provide treatment to pregnant women.

Another priority must be to provide drug treatment to children under age 18. A substantial number of these children pass through our criminal justice system. The U.S. Census Bureau reports that 39.1% of the 53,503 juveniles incarcerated in 1987 were under the influence of a drug at the time of the offense. To provide drug treatment, at a cost of $5,000 per child, for the same number of juveniles (21,000), would cost approximately $105 million. Mandatory drug treatment must be introduced into juvenile justice facilities.

Of course, we must also provide drug treatment to children who are not caught up in the criminal justice system. In 1988, people under age 18 comprised 13% of the total admissions to publicly funded drug treatment programs. These 215,415 children reflect only a fraction of the children who suffer from substance abuse, however. A recent survey by the National Association of State Alcohol and Drug Abuse Directors estimates that there are over 1.4 million adolescents who need drug treatment but are not receiving it.

We should meet our two-year treatment objectives for these priority areas according to the following schedule: Provide treatment to all pregnant women and to youths with the most severe substance abuse problems in the first year, and provide treatment to the remaining youths who need it in the second year.

Unfortunately, some bottlenecks will slow our ability to rapidly expand treatment capacity, including a shortage of treatment facilities in some areas, and a shortage of trained personnel in others. To address these barriers, the Senate has passed two measures. One removes the restrictions on federal funds that prevent them from being used for "bricks and mortar" building. The other approves $50 million for drug treatment training for medical professionals. We should also improve the salaries paid to drug treatment workers so that more qualified applicants will enter this field.

In addition, the Senate has passed legislation that would support continued perinatal research and the establishment of a National Resource and Information Center for Perinatal Addiction.

The total cost for the first year of these treatment initiatives will be $3 billion.

(2) Provide treatment outreach. An information hotline to answer the questions of women who abuse drugs, particularly pregnant women and new mothers should be established. The cost of such a toll-free hotline is estimated at $1 million per year.

Pregnant women must be made aware of the dangers drugs pose to them and their babies, as well as of the treatment options available for them. To achieve this end, we must expand our outreach efforts. For example, we should create a national 1-800 toll-free information line for pregnant women who are substance abusers. The line should be well-publicized and staffed by trained professionals.

A helpline can alleviate the problem of drug-exposed infants. The helpline provides treatment workers with a means to reach pregnant women and to explain to them the dangers that drug abuse poses to unborn children. The workers should use the line to encourage pregnant women to enter treatment and refer them to drug treatment providers in their community. One model program underway in Illinois. The Illinois helpline has received 2,700 calls in two years from women in all 50 states. Its callers have included a surprising number of pregnant adolescents. The callers even include drug abusing women who are considering becoming pregnant. This program has helped steer a substantial number of women away from the welfare system and into drug treatment.

A 1-800-COCAINE hotline already exists, but pregnant women seem to be reluctant to call it (most of its callers are male). And, the people answering the hotline are not prepared to handle the specialized concerns of pregnant women.

(3) Involve the family. Federal drug treatment funds should be extended to cover both counseling for family members and on-site child care for mothers in drug treatment programs. In addition, we must recruit more foster families to care for children whose parents abuse drugs. The cost of these programs will be $45 million.

Drug treatment programs often seek to involve the family of the patient. In many therapeutic communities, for example, the parents, spouse, and other family members are asked to participate in weekly discussion groups. While there is little definitive data on the issue, many experts believe that programs incorporating parental involvement are more likely to succeed.

The federal government has never reimbursed treatment providers for services provided to the families of substance abusers. As a result, family treatment is mostly a phenomenon of state and private programs. The Senate has passed legislation extending reimbursement practices to include the costs of family participation. The cost would be $5 million in the first year of implementation, and $65 million in the second.

Senator DeConcini has suggested that the federal government should also provide coverage for treatment programs that enable women patients to be with their children. He notes that "women whose children were with them in drug treatment in [a Tucson clinic] consistently stayed in treatment longer than women separated from their children (489 days vs. 90 days, on average)." The data consistently show that treatment outcomes improve with the length of treatment.

The chief of the Drug Enforcement Administration's New York Division, Robert Stutman, testified before the Senate Judiciary Committee that, "Last year [1988] in New York City, 73% of the children who were beaten to death were the children of substance-abusing parents." Plainly, drugs are causing a significant share of the nation's child abuse and neglect cases. To address this problem, the Senate passed legislation to provide services to children whose parents abuse drugs. Under this legislation, more foster families would be recruited and communication among health care, law enforcement, social service and public housing officials would be fostered. The Senate legislation would have provided $40 million for this effort.

SPECIFIC PROPOSALS: EXPANDING TREATMENT

While our first and immediate priority should be to care for pregnant women and minors, we must make a national commitment to provide treatment on demand available for anyone who seeks it. We must set an iron-clad deadline for this objective. As we note above, we propose the end of 1993 as a target for achieving this result. This deadline is ambitious yet attainable.

(4) Expand Medicaid. We must extend Medicade to cover all forms of drug treatment. At a cost of $200 million at the federal level and an additional $185 million at the state level, this initiative would provide drug treatment to approximately 40,000 people.

Under the current system, Medicaid prohibits states from covering many forms of drug treatment for people between ages 21 and 65. The only type of inpatient drug treatment that states may provide for persons aged 21-65 is brief hospital stays, and this only for detoxification.

Most experts agree that these short detoxification stays are expensive and ineffective, particularly in comparison to long-term treatment in a therapeutic community or on an outpatient basis. Medicaid can only cover patients' direct medical expenses in a therapeutic community; it cannot cover their room and board. Furthermore, states have the option of not covering outpatient drug treatment programs.

Legislation proposed by Senator Moynihan and passed by the Senate would require that medicaid cover most forms of drug treatment. This proposal would provide drug treatment to an estimated 40,000 people, at a cost of about $200 million at the federal level and roughly $185 million at the state level. We must increase the Alcohol, Drug Abuse and Mental Health Block Grant funding allotment to offset this additional burden.

The need for drug treatment is, of course, not restricted to large cities or densely populated areas. In fact, residents of rural areas exhibit a higher percentage of recent crack use than do residents of urban areas (according to the National Institute on Drug Abuse's 1988 Household Survey of Drug Abuse.) The Senate has passed legislation which will provide both resources and information for drug treatment in rural areas.

(5) Promote private sector initiatives. As the President's first Strategy pointed out, another important way that we can increase the availability of drug treatment is to encourage private employers to include it in their benefits packages. When the study of private health insurance called for in the President's first Strategy is performed, it should explore the possibility of legislating tax benefits for companies that provide drug treatment coverage to their employees. The study should also explore the possibility of legislating penalties for employers who do not offer such coverage. The penalties might include rendering their health plans not tax deductible.

In addition, this study should consider encouraging some employers to change the type of drug treatment coverage that they provide. Some plans only provide coverage for short-term inpatient detoxification treatment and do not cover any follow-up or long-term outpatient care. As alluded to above, most experts agree that exclusive reliance on short-term programs is an ineffective means for treating drug abuse.

SPECIFIC PROPOSAL: TREATING PRISONERS

Most inmates have a substance abuse problems when they enter our corrections system. It is the sad reality that few treatment programs are available to prisoners -- according to the U.S. Bureau of Justice Statistics, no more than 100,000 of America's 1,000,000 prison inmates received any form of drug treatment.

We must break the drugs and crime cycle by treating and monitoring prisoners with drug abuse problems. The President's first Strategy is surely correct in stating that "prisons can provide an opportunity for treatment, and more such programs should be designed, demonstrated and evaluated." The Senate went beyond this call for more study by passing legislation allowing states to use Alcohol, Drug Abuse & Mental Health block grant funds for drug treatment programs in state and local correctional facilities.

(6) Regional Prisons. We must provide $700 million for the construction and operation of 10 regional prisons. These prisons would house 6,400 state and 1,600 federal prisoners who have drug abuse problems.

These regional prisons would provide drug treatment to each of the 8,000 inmates. This will allow us to take advantage of one of the few opportunities to break the cycle of drug abuse, crime and incarceration. These facilities will also provide models for the treatment of inmates with substance abuse problems.

(7) Give prisoners extremely strong incentives to participate in and complete drug treatment. Senator Moynihan has proposed a scheme for meeting this goal. Under his legislation, prisoners who complete their drug treatment programs could be released early, provided they satisfy four conditions: One, the satisfactory completion of a treatment program while incarcerated; Two, to continue receiving drug treatment for one year after release -- six months in a half-way house and six months in outpatient treatment; Three, to submit to regular urinalysis while incarcerated and after release, with release to be denied or revoked if drugs are detected; And, four, the completion of at least three-fourths of his or her sentence. Offenders serving life sentences, or those convicted of murder, rape, or other serious crimes would not be eligible for early release under this program.

SPECIFIC PROPOSALS: IMPROVING THE QUALITY OF DRUG TREATMENT

As the President has noted, we need to make treatment providers more accountable for the effectiveness of their programs. Unfortunately, the quality of treatment is uneven. For example, the General Accounting Office has recently documented very serious failings and abuses in some methadone clinics. It appears that the federal government abandoned many of its inspection and enforcement duties when block grants replaced categorical funding during the 1980s. Many experts believe that the quality of drug treatment has declined, on average, as a result of the federal government's laxness.

We should take concrete steps to improve treatment quality, such as adding resources, waiving some state matching requirements, training drug treatment professionals, and reinvigorating federal quality regulations. States could support these efforts by developing statewide drug treatment plans as well as by bolstering quality regulations and enforcement.

The President should be commended for suggesting that states be required to develop strategies for improving the quality of drug treatment. However, it was Congress that took action. The Congress added $220 million to the President's Alcohol, Drug Abuse and Mental Health Block Grant funding request. In addition, both the Senate and the House of Representatives passed legislation which required states to develop and submit a statewide drug treatment plan. This plan must, under the Senate legislation, describe: training for drug treatment professionals; mechanisms for coordinating drug treatment services with social, health, corrections, and vocational services; and mechanisms for refering drug abusers to the most appropriate treatment modality. Other legislation passed by the Senate will speed the constuction and expansion of drug treatment facilities by waiving state matching requirements. Still other legislation passed by the Senate would provide $50 million for drug treatment training for medical professionals.

(8) Reinvigorate federal quality regulations. We should begin the process of reinvigorating federal quality regulations and bolstering state quality regulations. The National Institute on Drug Abuse should be directed to conduct a six month study on drug treatment quality, and then report to the Congress with recommendations on how federal and state treatment quality regulations should be strengthened and supported.

(9) Convene regional treatment symposia. The National Institute on Drug Abuse should convene several regional symposia on the quality of drug treatment. Dr. William McAuliffe, Associate Professor of Psychiatry at the Harvard Medical School, has suggested that quality could be improved if drug treatment professionals had the same sorts of information sharing and self-policing mechanisms that other physicians use. NIDA symposia could begin the process of making sure that all treatment providers have access to information and data on new and different treatment methods. Furthermore, the symposia could set in motion a peer review structure.

It must be recognized in advance, however, that many improvements in the quality of drug treatment will not be without cost. Indeed, without more money for manpower and technical assistance, new quality mandates may encourage some providers to accept only those addicts who are easiest to treat. While money is not the only factor determining treatment quality (as some "Medicaid mills" demonstrate), few would disagree that more funds are necessary.

SPECIFIC PROPOSALS: PHARMACEUTICAL AGENTS FOR DRUG TREATMENT

Our most important priority in medical research is to speed the development and approval of medications for drug treatment. One of the most effective drug treatment strategies combines counseling and psychotherapy with the provision of pharmaceutical agents. These medications can reduce the craving for, block the behavioral and physiological effects of, and moderate the withdrawal from illicit drugs. Furthermore, the medications will allow a larger number, and a broader spectrum, of addicts to receive effective treatment.

Methadone is the best known pharmacological agent. It has helped thousands of heroin addicts end their addiction and live productive, self-supporting and crime-free lives. Other existing or promising heroin treatments include naloxone, naltrexone, and buprenorphine. In total, there are about thirty medications that researchers are investigating for their therapeutic benefits to heroin, cocaine, and poly-drug addicts.

Despite preliminary research identifying a number of exciting potential medications, we have been very slow to develop them, especially those which treat cocaine addicts. The blame for our lagging developmental efforts lies in many quarters. The government has not prioritized pharmacotherapeutic research or removed bureaucratic disincentives to private industry involvement. Industry has been wary of unprofitably small markets and of having their names and the names of their medicines tarnished by association with drug addicts. And the scientific community has been slow to acknowledge the achievements of, and to accord the proper respect to, pioneering drug treatment researchers.

The nation's support for pharmacotherapy must increase dramatically. To lead the way, we propose that government play a particularly large role in coordinating the development of these medicines for drug abusers and addicts. Below, we describe a five-part strategy for promoting pharmacotherapy.

(10) Launch a Renewed Medications Development Program - The main initiative should be to renew and expand the Medications Development Program (MDP). The Anti-Drug Abuse Act of 1988 authorized $10 million for the National Institute on Drug Abuse (NIDA) to establish the program. The MDP is a consortium effort modeled after the National Cancer Institute. As such,

it coordinates the research and testing efforts of the Government, private industry, and academic community to promote the development of pharmacotherapeutics. The consortium-style approach will be more directed and efficient than the present system, in which each each group (government, industry, and university) acts independently.

The current MDP is a fledgeling effort. Still, its emerging system for developing drug treatments appears essentially well-designed. To take full advantage of this evolving system, we should promote the MDP initiative on a much more substantial level. We should renew the MDP, codify it, and make it permanent. Congress should create an official MDP and give the program its own, independent funding.

The renewed MDP should be a hub for pharmacotherapeutic development into the 21st century. To achieve this goal, Congress should fund the program at $1 billion over the next decade. The total funding level would be divided according to the following schedule.

Fiscal Year 1991	$60 million
Fiscal Year 1992	$70 million
Fiscal Year 1993	$75 million
Fiscal Year 1994	$85 million
Fiscal Year 1995	$90 million
Fiscal Year 1996	$100 million
Fiscal Year 1997	$110 million
Fiscal Year 1998	$120 million
Fiscal Year 1999	$135 million
Fiscal Year 2000	$150 million

With the assured, increased funding level, the MDP would become a "division" at NIDA. The program would have a director, two deputy directors, at least 50 health science administrators, and at least 50 clinical field researchers. The present MDP has only five full-time professional personnel.

Renewing the MDP on this large scale is an ambitious project, but, when expanded, the program will benefit pharmacotherapy greatly. Those benefits include:

An increased volume of drug treatment research.
An increased chance of discovering new treatments.
An accelerated development of pharmacotherapeutics.
An augmented respect for drug treatment research.

(11) Modify the Orphan Drug Act - We should extend the Orphan Drug Act's protections to include drug treatment medications. The Orphan Drug Act offers exclusive marketing arrangements to companies that will develop medications used to treat rare diseases (defined as diseases afflicting fewer than 200,000 people). Without such arrangements, the pharmaceutical companies would have little economic incentive to research and develop medicines for the relatively small addict population.

The FDA has already granted orphan drug status to several medications used in treating heroin addiction. Yet, because there are significantly more cocaine than heroin addicts, it is unlikely that cocaine treatments will gain a similar status under the Act's current guidelines.

Also, the government should vigorously enforce the Orphan Drug Act's extended protections by prosecuting companies and physicians that violate the exclusive marketing agreements.

(12) Expedite the FDA's Approval Process - We should adapt to pharmacotherapeutic research two of the innovative procedures the FDA has developed to respond speedily to the AIDS epidemic.

The first is the "Treatment Investigational New Drug." Under this procedure, patients may be treated with certain medications even while those medications await final FDA approval.

The second is the "parallel track trial." Under this procedure, researchers have access to drugs that Government studies have proven safe but that have not yet completed the FDA's efficacy testing. Both of these approaches have been used in the AIDS arena and have enabled patients to be safely treated with medications perhaps several years before those medications would otherwise have become available to them.

There are two more ideas that, if adopted, would hasten the use of safe, new treatment medications.

One is to forego the "mechanism of action" requirement for previously approved pharmacotherapeutics. In the 1970s, the FDA mandated that, for a drug to receive government approval, researchers must determine not only that a drug works but also how it works. To determine how a drug works is to determine its mechanism of action. The previously-approved medicines that are now being tested for their pharmacotherapeutic value have long practical histories of safety and effectiveness even if their mechanisms remain unclear. It is a needless and destructive burden to force researchers to determine the mechanisms of action for these pharmacotherapeutics.

The second is to legislate a "rolling investigational new drug" (rolling IND) concept for pharmacotherapeutics. Companies must apply to the FDA for their drugs to be accepted for IND, or human clinical, testing. Normally, a company submits to the FDA a completed application. If the FDA rejects that application, for whatever reason, the company must submit an entirely new one for the FDA's reconsideration.

The rolling IND would allow companies to submit their applications in parts. This would allow the FDA to alert companies of potential problems as they arise. Companies could then correct those problems as they are completing the remainder of the application. This rolling process provides the quickest, surest possible means for companies to receive the FDA's approval their drugs' IND applications. The faster the drugs meet this initial approval, the sooner they can complete their IND testing requirements. And the sooner they might reach market.

(13) Designate Certain Areas of Research As "Top Priorities"

Because the United States has limited resources to devote to its many pressing drug problem, the country needs to prioritize its spending. Those areas of the problem that require the most urgent and generous attention should be designated "high priorities." There are several such "high priorities" that may be addressed with pharmacotherapy. They include:

* The lack of medications for pregnant women and their fetuses. The percentage of pregnant women that use drugs is increasing. Because the health of these women and their babies is at great risk, it is imperative to develop medicines that can safely treat them.

* The lack of medications for drugs that are becoming increasingly popular in the 1990s. Methamphetamine is again becoming a widely used drug, yet researchers have not devoted adequate resources to developing a medicine for it. Such a medicine is necessary to curtail the worsening methamphetamine epidemic.

* The lack of medications for poly-drug users. Poly-drug use is an increasingly widespread phenomenon. To address it, researchers must investigate the proposed interaction between heroin and cocaine pharmacologic mechanisms. If the hypothesized interdependence between the dopaminergic and opioid systems proves correct, researchers will have a sound theoretical basis for the development of a poly-drug medicines.

(14) Produce a Surgeon General's Report on Pharmacotherapy - A surgeon General's report on pharmacotherapy, similar to Dr. Koop's AIDS Report, should be produced by March 1, 1991. To accomplish this task, the renewed MDP should convene a "blue ribbon" panel that will assess the national drug strategy for pharmacotherapy and make appropriate recommendations. The report would provide Americans with the scientific repercussions of drug abuse, and would further provide them with comprehensive information on pharmacotherapy and the means of receiving it. Such a factual, level-headed approach to explaining the consequences of drug abuse may convince many of the real dangers involved.

DIFFERENCES BETWEEN THE PRESIDENT'S STRATEGY AND OUR PLAN ON TREATMENT

* While both proposals agree on the importance of providing drug treatment to addicted pregnant women, new mothers, and addicted youths, the President's plan provides only enough money to treat a small percentage of these groups. Our strategy would provide enough money to treat all of them within two years.

* Our plan calls for a national commitment to provide treatment for all addicts within four years, while the President's Strategy includes no such commitment. Unless the President's modifies his Strategy, treatment on demand will not be available until the 21st century.

* The President has called for study on a proposal to expand Medicaid's coverage of drug treatment; we recommend immediate adoption of this plan.

* Both proposals agree on the importance of providing drug treatment to prisoners. However, our plan calls for 10 regional prisons to house and treat state and federal inmates who are drug abusers.

* The President's Strategy proposes that states develop plans to improve the quality of drug treatment. We have already passed legislation mandating statewide drug treatment plans.

In addition, we propose steps to reinvigorate federal quality regulations and bolster state quality regulations.

* The President's approach acknowledges the potential benefits of pharmacotherapy, but he does not take the steps necessary to realize these benefits. Our plan provides a definite, reasonable, and ambitious strategy for increased pharmacotherapeutic research and development. This plan is backed by a solid financial commitment -- outlining a $1 billion, decade-long funding schedule that will enable the country to implement this strategy.

SUMMARY OF INTERNATIONAL PROPOSALS

* Finance anti-drug initiatives through "Debt-for-Drugs" swaps with major drug-producing countries.

* Establish "Narcotics-Free Trade Zones" to extend favorable trade treatment to legal exports from designated areas in the Andes.

* Increase economic assistance to Andean countries to promote alternative development.

* Prohibit export of assault weapons.

* Hire 100 new DEA agents to enforce existing controls on export of precursor chemicals; increase research into additives to render such chemicals useless in cocaine processing.

* Amend U.S. forfeiture laws to allow sharing of assets with foreign countries; promote research into high-technology tools to fight money laundering.

* Establish International Currency Control Agency and Standards to monitor and investigate the flow of illegal drug profits across international borders.

* Use the resources of international environmental organizations to help combat the ecologically damaging effects of coca growing and cocaine processing.

* Create international para-military strike forces.

* Create regional intelligence gathering facilities.

CHAPTER V: INTERNATIONAL

For much of the past two decades, there has been widespread agreement on the overriding goal of U.S. international drug policies: "go to the source and strangle the drug supply." Unity of purpose, however, has not been enough to ensure success. The efforts of both Democratic and Republican Administration since the mid-1970s have been unsuccessful for many reasons: failure to recognize and understand the economic imperatives driving drug production; over-emphasis on enforcement and sanctions; and uncoordinated implementation of policies affecting drug-producing nations.

In short, while there may have been a consensus on international anti-drug objectives, U.S. strategies and tactics have been unfocused, superficial and inadequate.

The results of such policies are clear. Today, the supply of cocaine in this country is plentiful; the wholesale price of a gram of cocaine in our country is just 20% of what it was seven years ago. The State Department's own 1989 report attests to a dramatic worldwide increase in production of all major narcotics over the last five years.

A Disappointing Track Record

Of course, the failure to arrest the demand for drugs in this country has helped fuel this increase, but it is equally undeniable that, when it came to efforts to reduce drug supplies abroad, U.S. rhetoric has been bolder than our actions. Despite strong promises by President Reagan about a "war on drugs", few resources were actually devoted to anti-narcotics efforts abroad during his administration. Even by the final year of the Reagan era -- when cocaine was ravaging our cities -- the United States provided less than $100 million in total drug-fighting assistance for the Andean region, the source of over 90% of the world's cocaine.

Recognizing the dismal failure of the last decade, the Bush Administration now seems willing to devote the increased resources necessary to disrupt the drug trafficking networks. This is a positive sign, which deserves praise.

Unfortunately, these redoubled efforts do not go far enough, because the Administration relies too heavily on enforcement and other measures which address only the symptoms of violence and corruption.

Spending Our Aid More Wisely

Tougher enforcement measures are long overdue, but they are only half the solution. Lasting victories in the international drug war will only be won when the dependency of Andean citizens on coca crops for their basic survival is broken.

If economic alternatives to drug production are not developed, growers and laborers will inevitably return to the coca fields once enforcement subsides. Enforcement and disruption of trafficking open a window of opportunity through which farmers and whole economies can be reoriented away from cocaine production. The Administration continues to ignore this reality.

The opening salvo in our international drug offensive must be an attack on the major drug trafficking cartels aimed at breaking their political and economic grip on drug-producing countries. But these efforts must be quickly joined by a full range of economic development initiatives designed to expand and strengthen the legal economies in major drug-producing countries. Only then will our international drug strategy see some success; only then will the tide of drugs from overseas begin to subside.

Addressing the Symptoms, Ignoring the Causes

By pursuing a strategy that relies heavily on enforcement, our government addresses the symptoms, but ignores the causes of coca production, and in some cases exacerbates the problem:

- Enforcement alone cannot alter a pervasive societal practice. The coca trade is South America is no longer the domain of a marginal outlaw sector. In Bolivia, for example, as much as one third of the workforce is involved in the coca industry. Not only is the drug labor force growing in numbers, but these groups constitute powerful economic and political interests. When anti-narcotic strategies offer no alternatives for replacing revenues lost from attacking the drug trade, governments erode their own political credibility and economic foundations.

- Eradication and enforcement only temporarily disrupt drug supplies. Unless coca growers are shifted into other activities, they will return to drug production as soon as enforcement abates. Providing alternative livelihoods requires investment. Persuading coca farmers to grow legitimate crops will not occur without funds for market development and infrastructure, technical assistance, extension of credit, and income subsidies while new crops reach maturity.

* Impoverishment of peasant populations undermines official authority. Both local administrations and U.S. law enforcement institutions are discredited by policies which attack the livelihoods of the poorest sectors of Andean society -- small farmers, landless laborers and displaced highland villagers. While rural and urban citizens risk retaliatory attacks from traffickers, officials cannot expect to build popular anti-drug resolve unless they can offer alternatives for economic survival.

* Forced eradication of coca fields has actually led to increased drug production and generated widespread hostility toward the officials involved. Attacking fields and farmers drives the price of coca leaf up, ultimately drawing more growers into coca production. And official attacks on peasant fields inadvertently promote alliances among farmers, anti-government insurgents and drug cartel operatives.

* By contrast, enforcement and interdiction efforts that target traffickers and processors reduce coca leaf prices. During such price slumps, cultivators and

laborers have been successfully shifted into non-coca activities. However, this has only been accomplished when viable economic alternatives and sustained transitional assistance have been available.

- Efforts which address the symptoms of drug violence in the Andes are necessary. Judges and other officials must be protected, and increased support for the overtaxed Andean judicial and law enforcement apparatuses is long overdue. But these are stop-gap measures, not permanent solutions. The best international drug strategy would use these short-term remedies as levers to help pry Andean economies loose from drug dependency, while promoting their legal economies and long-term political stability.

U.S. Policy Actually Undermines Anti-Drug Efforts

U.S. international economic policies have a dramatic effect on the health of Andean economies. Unfortunately, this connection has been ignored by the Bush Administration. Consequently, American trade, development assistance and lending policies have actually harmed the legitimate economies we are trying to bolster.

Debt issues: The link between the twin plagues of debt and drugs in South America has become more obvious in recent years, especially in the Andean drug-producing nations of

Bolivia, Colombia, and Peru. The economies of these nations have become virtually "hooked" on drugs. Repatriated cocaine profits provide a source of foreign capital for these nations, which becomes essential to paying overseas creditors.

Unfortunately, the Administration's approach largely ignores the debt problem in South America. This shows a tragic misunderstanding of the motivations driving the drug trade. Debt burdened economies cannot support the legal alternatives necessary to draw workers and capital away from drug production. Simply servicing huge external debts deprives the Andean governments of the very resources needed to maintain pressure on the traffickers.

For example, in 1988, Bolivian debt service obligations to the United States totaled approximately $20 million, while our drug assistance to Bolivia was only $10 million. Colombia faced an even greater strain on its Treasury, paying the United States nearly $200 million while receiving less than $10 million in anti-narcotics assistance. These payments to the U.S. government and other foreign creditors represent a major outlay of funds that is diverted from domestic development and anti-drug efforts.

Trade policy: U.S. trade policies toward the drug-producing countries must be coordinated with the war on drugs. The Bush Administration agrees with this in principle, but has not always followed this ideal.

The most glaring example of this failure is the collapse of the International Coffee Agreement. In the summer of 1989, negotiations to renew the Agreement collapsed. Since July, the price of coffee on the world market has fallen by half. The main victim, Colombia, stands to lose as much as $500 million in coffee revenues this year. In total, all three Andean drug-producing nations may lose as much as $700 million by the end of 1990.

Unfortunately, the Administration has refused a proposal by Colombian President Barco to restore the Agreement, on an interim basis, while negotiations continue on a new pact. The Administration's good intention to bring free-trade principles to bear on the coffee market may one day yield benefits for both growers and consumers. But the immediate result has been miserable, severely straining Colombian anti-drug resources and resolve. At the same time, the price of coffee on U.S. supermarket shelves has actually risen, providing windfall profits for a handful of multinational coffee corporations. President Bush should have recognized the need to mitigate the impact of the Agreement's collapse during this critical juncture in the anti-drug effort, and supported an extension.

Another example of our confused policy: this month, the Commerce Department announced a preliminary determination to apply retroactive tariffs against Colombian exports of cut flowers. This action could double the price of one of Colombia's largest legal exports, accounting for $160 million in revenues annually. Moreover, Colombian flower exporters fear that this adverse action will permanently cripple their distribution network in the United States.

These examples demonstrate that we have yet to correct a long-standing problem that has plagued the drug war in previous administrations -- lack of coordination among government agencies involved in the anti-drug effort. Congress created the drug czar's office in in 1988 because it recognized that we needed someone to oversee the drug war. If we are to succeed as a nation in fighting drugs, the drug director's office must be consulted in every instance when a government policy will affect our anti-drug effort. Drug Director Bennett has already demonstrated his willingness and capacity to provide coherent leadership. The Administration continues to squander this valuable resource.

SPECIFIC PROPOSALS

Our plan for the Andes emphasizes a long-term approach to the region, focusing on economic development and alternatives to drug production. We use enforcement and interdiction to create an environment in which alternatives to drugs can take hold. By contrast, the Bush approach relies heavily on enforcement, and gives cursory attention to the economic realities driving production. Below is our ten-point plan:

(1) "Debt-for-Drugs" Swaps. Debt relief should be granted to the Andean governments in exchange for a commitment to devote a portion of their savings in debt service to anti-drug programs.

This approach is modeled on debt-for-nature swaps that have already been successfully negotiated in the developing world, including Bolivia.

In November, 1989, Congress authorized the President to provide relief on "official" debt -- that held by the U.S. Government for Bolivia, Colombia, and Peru (P.L. 101-231, Sec. 10, 103 Stat. 1961-62) if the President determines that these countries are implementing programs to reduce the flow of cocaine to the United States.

At the end of the first session of the 101st Congress, Senator Joseph R. Biden, Jr. introduced S. 1991, a comprehensive "debt-for-drugs" bill, which will help convert the various types of debt owed by the Andean countries into financial support for anti-drug initiatives. A companion version will be introduced in the House of Representatives during this session. We should adopt this policy now.

(2) Narcotics-Free Trade Zones. We should exempt products from certain designated regions in the Andes from all quotas and tariffs, and urge our allies to do the same.

U.S. trade policies implemented without regard to anti-narcotic objectives continue to undermine strategies to stem the supply of drugs from overseas. Those countries actively attempting to curb drug production within their borders must receive the most favorable trade treatment we can afford them, consistent with our multilateral obligations. In particular, we should specifically identify those products and regions in the drug-producing countries which could be enhanced by preferential U.S. trade treatment.

Many of the farmers and laborers in the coca fields of Peru and Bolivia are not indigenous to the coca growing regions. They have emigrated from highland villages where jobs are scarce, food is short and economic prospects are bleak. Projects that attempt to expand the economic alternatives in these high mountain regions have shown a potential for attracting and maintaining laborers in non-coca growing regions. We should supplement development efforts in these areas by designating such regions -- in coordination with local governments -- as "Narcotics-free trade zones". These zones would ideally receive trade treatment similar to that afforded to countries under the Carribean Basin Initiative (CBI). Strategies such as this would make U.S. trade policy a tool for winning the battle against drugs, rather than an impediment.

(3) Economic Assistance. The United States should provide $125 million in immediate economic aid for Bolivia and Colombia.

The Bush approach in the Andean region has focused largely on increased military assistance, and has postponed increased economic aid until 1991. The Administration argues that new economic help will be wasted until coca-growing regions, such as the Upper Huallaga Valley in Peru, are secured for anti-narcotics operations.

However, this rationale fails to recognize that there will be an immediate requirement to assist those coca farmers willing to switch to legal crop production in the wake of enforcement measures. Without such assistance, they will return to coca farming once enforcement has abated.

While it is understandable that the Administration resists providing increased economic aid to Peru in the absence of badly-needed economic reforms, the same cannot be said for Bolivia and Colombia. Both nations have the capacity, and prerequisite economic policies, necessary to absorb increased economic help immediately.

A significant percentage of current economic aid is largely designated for economic stabilization and other general fiscal obligations. We believe this additional assistance should be devoted to support investment in infrastructure, farm credit and extension services, and other development projects in non-coca growing areas. Maintaining populations in non-coca regions is critical to ending the migration of laborers and farmers into coca production.

(4) Assault weapons. We should immediately ban the export of assault weapons.

The increasing flow of American-made weapons into the arsenals of the Colombian cocaine cartels has contributed to the unprecedented levels of violence in the Andes and made drug enforcement exceedingly difficult. Colombian officials have questioned whether the U.S. government is seriously committed to fighting the drug cartels when the United States remains unwilling to curb U.S. weapons sales to the region.

These arms have become the guns of choice for "hit teams" hired by the drug kingpins to assassinate hundreds of political leaders, judges, police officials and innocent civilians. According to Bureau of Alcohol, Tobacco and Firearms statistics, more than two-thirds of the weapons recently seized from drug traffickers by Colombian authorities were manufactured in the United States. This threat is not limited to Colombian citizens: DEA agents, U.S. Embassy officials and American citizens have repeatedly been targets of drug cartel violence.

Although the President has proposed a ban on the importation and assembly of assault weapons in the United States, the Administration refuses to ban the export of these weapons to other countries. The President should act immediately, pursuant to his authority under the 1968 Gun Control Act, to prohibit the export of these firearms. In addition, we should approve legislation modeled on the firearms provisions of S. 747, introduced by Senator Dennis DeConcini. A provision should be added to prohibit the export, as well as import and assembly, of these assault weapons.

(5) Chemical Controls. We should increase our efforts to prevent illegal shipments of precursor chemicals by hiring 100 new DEA agents to enforce recently enacted statutes.

In addition to weapons, U.S. exports of precursor chemicals -- which are used in the processing of coca leaf into cocaine -- have contributed to the increasing cocaine production in South America. As in the case of assault weapons, South American officials have expressed concern about the failure of the United States to stem the diversion of chemicals into the illicit drug market (by one estimate, of the 13 million tons of methyl ethyl ketone shipped by U.S. companies to Colombia annually, 90% ends up in the hands of drug traffickers).

In 1988, Congress enacted the Chemical Diversion and Trafficking Act, which imposes strict record-keeping requirements on U.S. chemical firms and provides for criminal penalties for knowing sales of chemicals for drug production. This powerful new drug enforcement tool, however, has not significantly cut the flow of precursor chemicals, largely because of inadequate resources and slow implementation of the law. Since 1986, the Administration has not requested any additional DEA agents to investigate chemical diversion cases. In addition, DEA has missed several deadlines for issuing regulations for chemical firms, further delaying enforcement of the precursor control law.

We should add $10 million to hire 100 new DEA special agents and investigators assigned specifically to crackdown on illegal chemical shipments. The Senate has already approved such funding in an amendment to S. 1711 offered by Senator Joseph R. Biden, Jr.

Finally, the United States should undertake expanded research efforts to address the precursor chemical problem. One promising approach involves introducing additives into precursor chemicals that would interfere with the process of converting coca leaf into cocaine hydrochloride, while maintaining the integrity of the chemicals for industrial uses. This approach, along with others aimed at the precursor chemical problem, is discussed in the Research and Development chapter of this Strategy.

(6) Money Laundering. We should amend U.S. forfeiture laws to allow greater sharing with foreign countries of assets seized in cooperative law enforcement efforts. We should also support further research of technological tools useful in tracking international drug money flows.

"Equitable sharing" of forfeiture proceeds with state and local agencies has dramatically increased cooperation between federal, state and local agencies. Similar results could be realized by providing foreign law enforcement agencies with a financial incentive to cooperate with U.S. authorities. This could be a particularly useful tool in assisting economically hard-pressed countries in Latin America, where investigations of the major drug cartels may result in seizures by U.S. authorities of tens of millions of dollars, which could then be shared with the cooperating foreign agencies.

A variety of advanced technological tools have potential applications in tracking domestic and international drug money flows. For example, the Senate has endorsed a proposal by Senator John Kerry to establish an Electronic Scanning Task Force to study methods of printing serial numbers on U.S. currency that may be read by electronic scanners that could assist federal agencies track drug-related cash transactions. Moreover, scientists at Los Alamos National Laboratory have proposed using advanced supercomputers and sophisticated economic models to identify suspect money flows through domestic and foreign banks and financial institutions.

Another group of Los Alamos researchers is working on laser detection techniques that could possibly be used to catch illegal currency shipments. The lasers work by identifying trace amounts of vapors emitted by U.S. currency. As discussed more fully in the Research and Development Chapter, these and other high-tech approaches should be pursued to assist U.S. agencies in anti-money laundering efforts.

(7) International Currency Control Agency. We should promote the creation of an International Currency Control Agency to facilitate control of international money laundering.

Economic policymakers have begun to discuss the growing need for international oversight of the exploding global financial markets. New technologies have radically increased the speed and scope of international financial flows. As the ability of individual governments to regulate banking and securities transactions diminishes, pressure will increase to create new multilateral oversight agencies.

The U.S. should use these developments to encourage the creation of international reporting standards and procedures for tracking capital flows between countries. Such measures would be invaluable in efforts to track and seize narcotics revenues as they flow across borders. In addition, they would help the drug-producing countries stem capital flight, a serious drain on their legitimate economies.

The Group of Seven industrialized nations have already formed a taskforce to seek ways to stop the laundering of drug profits. The U.S. should use this and other fora to propose the creation of an International Currency Control Agency which, along with other financial oversight functions, could serve as a central source of information for international money laundering schemes in its collection and analyzation of financial transaction reports by member countries. A similar proposal was offered in the Anti-Drug Abuse Act of 1988.

The need for such an agency is becoming acute, particularly in Europe, where internal currency barriers will be eliminated in 1992. European law enforcement experts are already concerned that the integration of the European financial markets will aid organized crime syndicates in hiding illegal profits.

The new technologies which have afforded expanded money laundering opportunities for criminals must be put to work for law enforcement agencies. Policies could include the reporting of all transactions above a certain value, computerized surveillance of suspicious money flows, and the implementation of positive identification procedures for persons making such transactions.

The efficacy of expanding the International Monetary Fund (IMF) role from simple surveillance and regulation of exchange rate policies to more specific monitoring of financial transactions should be examined. We should also consider using the resources of the Bank for International Settlements for this task.

(8) Cocaine and the Environment. To help protect the fragile Andean environment, the Agency for International Development should aggressively use its new authority -- provided by legislation in November, 1989 -- to assist

debt-for-nature swaps in Andean countries. In addition, Congress should promote increased research and development of alternative crops for Andean countries, particularly those that are native to the region. Finally, the Administration should seek to make clear the connection between cocaine production and environmental damage in international meetings on the environment.

Environmental damage associated with cocaine cultivation and processing has taken an increasing toll in the Andes. Over 1.7 million acres of forest in the Peruvian Amazon have been cut down to make room for coca farms, nearly one-tenth of the total rainforest destruction in Peru, including some of the most biologically diverse sections in the region.

In addition, much of the coca cultivation occurs on steep hillsides ill-suited to crop production, leading to high levels of soil erosion. One result: thousands of deaths from floods and landslides in mountainous regions.

Rivers and streams of the region have also been devastated by cocaine production. Cocaine processing labs dump millions of gallons of toxic chemicals into Peruvian waterways. By one estimate, contamination levels in over 150 of Peru's rivers and streams exceed World Health Organization health standards.

(9) Multinational Strike Forces. The Administration has wisely recognized that drug trafficking is an international enterprise, controlled by multinational crime organizations. In some nations, the problem has grown so large that individual governments often lack the resources or the will to continue the long struggle against the drug lords.

It is in this context that we should support the concept of multinational strike forces as a way to combat the drug cartels. This proposal, which has been best articulated by Prime Minister Michael Manley of Jamaica, envisions a force under United Nations command which could be invited into a country where the drug problem has grown beyond the capacity of local security forces to handle.

Under the leadership of Senator Arlen Specter, both houses of Congress have endorsed the idea in principle. In addition, the proposal has been backed by leaders of the Caribbean nations and the Presidents of Spain and Venezuela.

(10) Regional Intelligence Sharing. The United States and Latin American nations should establish a regional center to collect and disseminate intelligence on drug trafficking.

As discussed earlier, the drug trade is a multinational enterprise. The drug supply to the United States is transshipped across many nations in the Caribbean, Central

America, and Mexico. The task of law enforcement officials in these nations is enormous, as our own interdiction efforts along the southern border of the United States have shown.

Without strong intelligence, law enforcement officials cannot hope to make a dent in the problem. A regional center would serve as a clearinghouse for information from all nations in the region, permitting timely analysis and dissemination of strategic and tactical intelligence on drug trafficking operations.

DIFFERENCES WITH PRESIDENT'S STRATEGY ON INTERNATIONAL DRUG CONTROL

* The President's strategy depends almost exclusively on enforcement to repress coca production, while our plan uses enforcement to create an environment in which long-term alternative development can take hold and permanently re-orient Andean economies away from drugs.

* The President's drug plan ignores the link between drugs and debt, while our strategy uses multilateral debt relief for Andean governments to support anti-drug efforts.

* The President is considering minor trade concessions for Andean exports, while our plan uses trade incentives to draw laborers away from coca production by establishing special trade zones within drug-producing countries.

* The President allows the continued export of assault weapons, while our plan prohibits export of these weapons, which are already banned from importation into the U.S.

* Unlike the President's plan, our strategy promotes stronger enforcement of controls on exports of precursor chemicals; and promotes research into additives to render such chemicals useless in cocaine processing.

- Our plan goes beyond the President's strategy by amending U.S. forfeiture laws to promote international cooperation; and encourages research into high-technology tools for fighting money laundering.

- In contrast to the President's strategy, our plan aggressively pursues multilateral participation in combating money laundering and capital flight through creation of an International Currency Control Agency.

- The President's plan neglects the impact of drug production on the Andean environment, while our plan fights ecological drug damage in the region by supporting debt-for-nature swaps and increased involvement of multilateral environmental organizations.

- The President's strategy fails to pursue multilateral enforcement, while our plan advocates the creation of international para-military strike forces to attack the drug cartels.

- The President's plan fails to enlist multilateral participation in the anti-drug effort, while our strategy utilizes this support on several fronts (as noted above) and in this vein advocates the creation of regional intelligence gathering facilities.

SUMMARY OF PREVENTION PROPOSALS

* Insure comprehensive drug education in all schools for all students, grades K-12, by placing a Drug Prevention Coordinator and a drug prevention program in every school in America.

* Provide anti-drug abuse training for all school personnel.

* Require prevention programs to take a comprehensive approach that includes family involvement, a community activity or center and resistance training.

* Design classroom materials that carry anti-drug messages in lessons of basic study.

* Create a communication system for local agencies responsible for prevention programs and social services.

* Put a Boys Club, Girls Club, Little League or Scout troop in every public housing project in America.

* Establish a National Drug Prevention Corps that utilizes the energy of student volunteers to promote a drug free lifestyle and serve as positive role models for youth.

* Assist local businesses in coordinating drug prevention programs for the workplace.

CHAPTER VI:
EDUCATION and PREVENTION

Our approach to the prevention of drug abuse focuses on our children -- our children should be free to pursue a life that offers hope and a chance for success. Drugs can blur this vision and eliminate any chance of reaching these goals.

Drug prevention must begin in our homes and schools with the education of our youth, and continue into every facet of community activity. Parents need information about the drugs their children may encounter, so they can be attentive to their possible abuse. Teachers need training to be effective in the classroom. Children need to understand the dangers and the lies associated with crack, "ice," speed and marijuana.

We Need More Drug Education

The President's approach to drug prevention is inadequate to get this message into our homes, our schools and our communities; it fails to provide enough direction and it fails to establish what is of utmost importance to us: effective drug prevention programs where they are needed most -- in grades K-12.

The 1988 Household Survey (conducted by NIDA) reveals that half of our high school seniors do not know that cocaine is harmful to them. Obviously, the attempt to educate these students about the dangers and the consequences of substance abuse has failed. We must expose these children at the earliest appropriate years to the best information available so that at a minimum, they may grow up understanding the dangers of drugs.

The success or failure of drug education programs is key because drug education is the only "vaccine" we have to prevent the spread of the drug epidemic among the young.

Drug education is not fool proof, but its results are impressive. For example, among the high school students who do not know that cocaine is harmful, 35% have used the drug. By contrast, only 7% of the students who know of cocaine's dangers have tried it. Thus, we know that effective drug education works to reduce drug use.

Unfortunately, we also know that some drug education programs do not work. School-based education programs must go beyond simple warnings and brochures. Effective programs require well-trained teachers, committed and responsible principals and most of all, creative materials that give students a true picture of the consequences of drug use.

Community Prevention Programs, too

Communities should build on the efforts that begin in the classroom. Programs need to provide youth with the challenge and excitement they seek, including interaction with positive adult role models. Family programs are also essential. Parents can find strength in fighting substance abuse at home by learning and sharing with other parents in their neighborhoods. In some communities, churches and other groups have coordinated this type of activity.

However, many neighborhoods have no resources to organize little league teams, scout troops or Boys Clubs. Unfortunately, in many of these areas the only alternatives for young people are street gangs. We must help these communities to decrease the number of youth involved with gangs and drugs.

It is also time to harnass the energy of our nation's volunteers. The President's strategy recognizes the need to galvanize volunteers in the fight to prevent substance abuse. Our strategy takes this idea a step further and establishes a National Drug Prevention Corps that coordinates drug-free young people in positions where they can serve as positive role models for troubled youth.

Though no single prevention program will rid society of substance abuse, we are certain that this comprehensive approach to preventing substance abuse take the anti-drug message to every home and every school.

Summary

Our plan has four parts. The first is a commitment to comprehensive drug education in grades K-12, including community involvement. The second is an overhaul of both law enforcement and prevention programs that deal with youth gangs and drug-related delinquency. Third, we provide an incentive to the motion picture and television industry to contribute time and talent to the fight against drugs. The fourth is a proposal for employers to adopt comprehensive employee assistance programs that provide affordable drug treatment to workers who need help.

Together these initiatives, costing $1.5 billion will equip our young people with the knowledge and opportunity to avoid drugs and obtain treatment, to go to school and to maintain jobs.

SPECIFIC PROPOSALS: DRUG EDUCATION

As a basic goal, every school should have an effective drug prevention program that reaches every student in grades K-12.

Congress recently amended the Drug Free Schools and Communities Act with requirements that condition the receipt of all Federal funds on the implementation of a drug prevention program by every school district and every college campus. This condition on Federal funds is consistent with the President's call for school-based drug prevention.

However, to fulfill the mandate of this legislation, we must reach every student in grades K-12 and provide them with quality drug education. Current funding is not enough -- and the expectation that local communities can alone bear the cost is shortsighted.

Our strategy recognizes the value in prevention through education and focuses on drug education in schools serving grades K-12. We do not discount the importance of prevention programs at colleges and universities, but we believe that those programs should not take priority over adequate funding for programs in grades K-12. Although the President's approach requires prevention programs in both grades K-12 and higher education, his policy provides inadequate funds for prevention in elementary and secondary grades.

Our policy seeks to insure funding for drug prevention in poor, drug-infested elementary, junior and senior high schools. Research shows this is necessary. The Department of Education reports that the United States continues to have the highest rate of teen-age drug use of any nation in the industrialized world. While 54% of the high school seniors have used an illicit drug by the time they graduate, the percentage of students using drugs by the sixth grade has tripled since 1975. Currently, on a national level, one in six 13 year olds has used marijuana. 26% of fourth graders and 42% of sixth graders have used alcohol. In Seattle, Washington a study showed that 31% began using cigarettes, alcohol and marijuana by the fifth grade. In Kansas City, 7% of the students in grades 6-10 reported heavy marijuana use and 3.7% had used cocaine. Obviously, more drug education is needed as early as children start school.

Our strategy envisions that every school, grades K-12 will have a Drug Prevention Coordinator and an anti-drug plan. Each plan will (1) provide adequate training for school teachers; and (2) take a comprehensive approach to prevention, involving family, the community, and lifeskills training.

Our large-scale program has five components to it: train teachers so they can effectively teach children about the dangers of drugs, prepare new drug education materials, develop and support community drug prevention programs, coordinate drug education programs, bring trained law enforcement personnel into schools, and finally, weave the anti-drug message into basic curriculum. Each of these five components is explained in detail below.

(1) School-Based Drug Education. We propose to increase federal aid to schools so that every school serving grades K-12 will have an effective drug education program. To do this, we will increase the funds appropriated for the Drug-Free Schools and Communities Program, authorizing $1.125 billion for Fiscal Year 1991.

To be effective, in-school drug education and prevention programs should be taught by classroom teachers who are equipped with current information about substance abuse and effective techniques for sharing that information with students. To do this, teachers need to be adequately trained to: 1) recognize the signs and symptoms of substance abuse; 2) know their role in reporting substance abuse; and 3) become familiar with prevention and education resources.

Schools with effective anti-drug campaigns are those with well-trained teachers and administrators. This means more than sending one or two teachers to a conference. It translates to providing incentives directly to school administrators who incorporate drug prevention and education into teacher training for every teacher, counselor and administrator in the schools.

In addition to well trained teachers, each school should have a coordinator for drug education, just as it has a chairman of the math department. This individual should be a teacher or counselor who devotes part of her/his time to such functions as (a) training other teachers and administrators; (b) overseeing the selection and implementation of a comprehensive drug prevention program at the school; (c) coordinating the school-based program with that based in the community; and (d) identifying and acquiring instructional and support materials and supplies for the prevention activities at the school. These materials should teach students about the effect drugs have on the brain and the body, the relationship between drugs and crime, and moral reasons for avoiding drug use. In addition, these materials should conform with the standards of quality established by the Department of Education.

The estimated cost of funding the school prevention program is $18,000 per school which totals roughly $1.5 billion for the country. This figure includes $4,800 for the Coordinator of the drug education program ($24,000 @ 20% time), and $30 for materials for each child, based on a school enrollment of 600 students. Our goal is to provide each school with a minimum amount necessary to fund this type of drug prevention program, which is different from the current funding mechanism used at the Department of Education. The Department makes state allocations and yet, even with a small state minimum, some school districts receive considerably less money than others. Large districts receive a great deal more money than small districts, which in some cases, receive a sum inadequate for implementing a drug education program. Poor districts have few resources, but also, they tend to have high rates of drug use and juvenile arrests. Drug education funds must reach these hard hit districts. To reach the needed $1.5 billion dollars for comprehensive drug education programs in every school, we propose to bring the total of the Drug Free Schools and Communities Program to $1.125 billion in Fiscal Year 1991 and ask the states to provide the remaining 25% which totals $375 million. These added federal funds will not only encourage, but extend the efforts made by all school districts.

(2) Involving Families and Communities. Our plan recognizes the success of prevention programs that involve families, business leaders, police, churches and other aspects of the community. We propose an additional $150 million for grants that encourage well coordinated, community prevention programs.

Successful programs go beyond the classroom setting. We can no longer view prevention efforts at school as separate from opportunities for prevention elsewhere in the community. The anti-drug message must be consistent, creative and complete, or comprehensive. All prevention/education programs receiving federal money should include four components: (1) an anti-drug policy; (2) peer to peer programs, including resistance and assertiveness training; (3) complete and accurate information about drugs, i.e. the physical and social impact of drug use, etc.; and (4) family and community involvement.

This requirement forces the coordination of programs at school with those in the community and attempts to increase the overall awareness about both substance abuse and the availability of prevention programs. The President's strategy has highlighted the success of such a program with school children in grades 4-9. The Western Prevention Project is a comprehensive community program in the Kansas City area that encourages teen-agers to avoid cigarettes, alcohol and marijuana. This comprehensive approach proves far more successful than prevention efforts that rely only on the classroom setting. In addition to ten educational sessions on resisting drug use, the Project includes 10 activities utilizing interviews and role-plays with parents and other family members; it is promoted with mass media coverage.

The Project involves 22,500 sixth and seventh graders in 42 schools. After the first year, results show that fewer students in the comprehensive project reported experience with cigarettes, alcohol and marijuana than did students in the control groups. We believe that such success can be replicated.

The people of Wilmington, Delaware have employed a community-based substance abuse strategy. The initiative is a cooperative effort, funded by federal, state and local dollars; it attacks the East Side drug problem by beefing up police patrols, coordinating social services, improving drug education and offering recreation for children and adults.

Project leaders recognize the people's need to be involved in solving their own substance abuse problems. This requires a variety of services to meet the many needs of East Side residents. Services include: education programs for youth, emphasizing resistance skill development and self-esteem; parental skill training; substance abuse treatment services; increased law enforcement; and community campaigns, among others. In developing the many facets of the East Side effort, input comes from residents, politicians, police, drug counselors, business leaders and educators. The result is a comprehensive approach, yielding a consistent anti-drug message.

Federal funds have been combined with local resources to provide the Project with $225,000 from federal criminal justice funds. The Wilmington school district used funds from the Drug Free Schools and Communities program to purchase drug education material. The city has provided a project coordinator, a part-time recreation director and another walking police officer. The Walnut YMCA and People's Settlement, which are funded by federal drug prevention funds, provide counseling and tutoring. This coordinated and comprehensive approach is a model for the nation.

Our plan also recognizes that churches can play an integral part in community prevention programs. In Washington, D.C., eighty congregations have banded together in an effort to spread the anti-drug message and open their doors as counseling centers for families troubled by drugs. The Church Association for Community Services is organizing the plan, which includes after-school programs for children, evening programs for adults, parental education, crisis counseling and referral services. The Association has received funding from city government, the local electric company and congregation members. This Association of churches provides another example of community outreach and coordination. Churches across the nation should look for ways to participate in comprehensive prevention programs.

As demonstrated by the Western Prevention Project and the East Side Project, the comprehensive approach increases the effectiveness of programs. Our strategy provides $150 million for grants for comprehensive prevention programs. These grants will encourage community programs and thus facilitate school programs.

(3) Drug Prevention Communication Network. We propose spending $5 million to assist local communities, including public agencies and schools, to coordinate resources available for drug education and prevention programs.

The comprehensive approach to substance abuse prevention requires constant communication among each organization and individual involved in prevention efforts. Each government agency at the local level, including every public school, should have access to a drug prevention communication system in either the form of a weekly newsletter or a computer software package that would link him or her to the resources available in the community. The result is a constant exchange of information, ideas and programs that focus on substance abuse prevention and education.

A program in Orange County, California connects prevention efforts occurring throughout the community. This connection, which is led by the Drug-Free Schools and Communities Project at the University of California, Irvine, keeps school principals in touch with programs for teacher training and student lessons that may be offered by law enforcement, probation officers, libraries, community centers and other agencies. It allows agencies to share their problems and ideas; it also provides instant publicity for programs and events. This network is one initiative that is part of a prevention partnership that operates on less than $8,000 a year. The key is coordinating existing resources.

The Office of Substance Abuse and Prevention should require each county that receives federal money for anti-drug programs to establish a communication system for the purpose of sharing drug prevention and education information with local agencies. To help initiate this program, our plan provides $5 million. Also, the Department of Education should direct the local school districts, which receive federal money for anti-drug efforts, to enter an agreement with the county to participate in the drug prevention communication system.

(4) Drug Abuse Resistance Education Program. We propose to spend an additional $10 million for school based programs that model the Drug Abuse Resistance Education program (DARE).

The recently enacted amendments to the Drug Free Schools and Communities Act provide for the use of Drug Free Schools funds for bringing uniformed law enforcement officers into classrooms, based on the DARE experience. We will provide the Secretary of Education with additional dollars to be used for DARE. DARE was developed in Los Angeles by Police Chief Daryl Gates and the Los Angeles School District and is presently being utilized in 48 states, reaching 3 million children in 1988. DARE sends specially trained police officers into classrooms once a week for 17 consecutive weeks in a semester. These officers teach students resistance skills through lessons involving understanding alcohol and drug use, making decisions, resisting peer pressure, and alternative activities for youth.

Though DARE has been a leader in teaching resistance skills to children, other programs can also be found in schools that use similar methods and teach similar skills. We would provide an increase of $10 million to the Secretary of

Education to make available through the Drug Free School and Communities Program for DARE and related programs. This increase of $10 million passed the full Senate as an amendment introduced by Senator Pete Wilson to S.1711; these funds should allow every school to make use of DARE related programs.

(5) Anti-Drug Messages Carried in Basic Studies. While we do not attempt to prescribe curriculum for schools, we would encourage the use of anti-drug lessons that can be weaved into courses of basic study. Our strategy recognizes that substance abuse prevention is one of many tasks asked of our schools. Academic excellence should be the number one priority of our schools, yet it can only be attained when the minds of our students are alert and healthy.

Our strategy requires substance abuse prevention programs to be part of the curriculum at each school. Each teacher in grades K-12 should receive materials that can be used in reading, language, history, science and math classes that carry anti-drug messages, yet at the same time, allow the teacher to cover the basic subjects already required of him.

A program in Orange County, California provides teachers with lesson plans in basic studies that carry anti-drug messages; such lessons are also available at the Regional Training Centers, which are run by the Department of Education. A reading class may read materials about the effects of using cocaine or a writing assignment may address a students goals and dreams. By combining the anti-drug message with courses of basic study, teachers do not have to spend time away from subject matter they are required to cover.

The Department of Education should expand the design and distribution of these "infusion" materials to be used in courses of basic study, which carry anti-drug messages. We will also encourage the Department of Education to explore the use of computers to enhance these infusion materials. These materials should be distributed for use in the Fall of 1991.

SPECIFIC PROPOSALS: PREVENTION PROGRAMS

The prevention of youth involvement in drug distribution, drug trafficking and other drug-related crime must be a key element of our drug strategy.

Instead of eliminating the Office of Juvenile Justice and Delinquency Prevention -- which President Bush proposed last year -- we believe it should be expanded. It is the only federal office charged with assisting states to deter juvenile crime. Reports show that such crime has escalated as drugs spread into our schools, neighborhoods and households.

Many adolescents who are involved in the drug trade, and especially that of crack, are also involved in youth gangs.

Some of these young people commit violent crimes and should be brought before our courts and properly punished. Others can be diverted from crime and gangs, but they need alternative activities and proper role models. While some argue that prevention programs are too "touchy feely," we know that they work. For example, substance abuse and delinquency have decreased in frequency and severity within housing projects served by Boys and Girls Clubs.

Dave Stewart, pitcher for the Oakland Athletics testified at a joint hearing of the Senate Committees on Labor and Human Resources and the Judiciary just shortly after having been named the Most Valuable Player in the 1989 World Series. Born and raised in one of Oakland's poorest neighborhoods, Stewart testified that the presence of the Boy's Club contributed to his ability to avoid the drugs and crime that flourished around his home. Currently, he devotes much of his time to the youth living in that same neighborhood, coordinating attractive alternatives and activities for them.

Darrell Green, All-Pro defensive back for the Washington Redskins, also testified before the Judiciary Committee. He too spends much of his time with teenagers in troubled neighborhoods and advocates for the need to provide youth with postive role models and healthy alternatives to crime. Darrell Green and Dave Stewart told the Committee that prevention does work, success stories do exist. Such testimony documents the need for prevention programs.

A grant from the Office of Juvenile Justice and Delinquency Prevention has funded the establishment of Boys Clubs and Girls Clubs in housing projects in 9 cities. Each Club has a comprehensive drug abuse prevention component. The Clubs provide a presence of positive adult leaders and role models and offer structured activities including sports and tutoring. In each of the nine cities, effects of the Clubs on youth and their parents is evident, immediate, and positive. Scouting and youth sports are also effective at reducing delinquency and substance abuse.

Our strategy addresses these drug-involved and gang-involved youth in a two-part initiative, which focuses on law enforcement and delinquency and drug prevention. Law enforcement efforts are needed to decrease juvenile drug trafficking and gang activity while prevention efforts are needed to involve youth in sports, education and the arts, reducing their need for gang activity.

(1) A New Anti-Gang Initiative. We propose to spend $100 million for a juvenile anti-drug and anti-gang initiative. Eighty percent of these funds will be targeted to the states in the form of block grants. The remaining 20 percent will be used for national discretionary grants.

States participating in the program will be required to devote 50 percent of their grants to law enforcement and 50 percent to prevention.

What will the program do? The funds will help disband youth gangs in both rural and city neighborhoods and provide Boys Clubs and Girls Clubs in hundreds of housing projects. Also, funds will organize drug-free youth sports, improve juvenile probation services, and provide badly needed counseling and treatment of drug involved -- and pregnant -- youth.

This $100 million program has already passed the full Senate; it was included in an amendment to S.1711 by Senator Joseph R. Biden, Jr. Much of the rationale behind this initiative is the intensity of the drug and crime problem that saturates public housing across the country.

(2) A New National Drug Prevention Corps. We will provide the Office of the President's National Service Initiative with $10 million to assist colleges and universities in their development of student organizations whose purpose is to spread the drug-free lifestyle with local youth.

Over the past five years, voluntarism has become an integral part of college campuses. Many of these student volunteers help to spread the anti-drug message. Stanford University and Rutgers University are examples of schools at which student volunteers organize and staff halfway houses and soup kitchens; they coach ball teams, read to the elderly and participate in Big Brother programs.

Project Outreach at The University of Texas is a student run effort to promote volunteerism from the campus to the community. It began with funds donated by students and has become such an integral part of campus life that University funds now help cover expenses.

The energy and example of these student volunteers should be coordinated into a service program that uses students as role models for younger citizens. Our plan inaugurates a National Prevention Corps that offers training and seed money to student organizations for the purpose of spreading the message of the dangers of drug abuse and the hopes of a drug-free lifestyle for youth. Students can also volunteer to work with juveniles involved in the juvenile court system, or to coach youth sports or lead a scout troop or work with a Boys or Girls Club. Student volunteer organizations that register a mission statement with the existing Office of the President's National Service Initiative will in return, receive $1000 to begin taking their anti-drug message to youth in the community. We will provide the National Service Initiative with the needed funds to support this effort.

SPECIFIC PROPOSALS: THE ROLE OF THE MEDIA AND THE ENTERTAINMENT INDUSTRY

The motion picture and television industries should become full partners in the fight against drug abuse. We must call on industry executives to contribute some of their most creative minds to develop new and exciting products that carry anti-drug messages, particularly for children. In addition, we must offer direction and organization to the efforts made by this creative community.

(1) Enlisting the Industry's Time and Talent. We propose to challenge the motion picture and television industry to contribute time and talent to the fight against drugs and to provide the Office of the National Drug Control Policy with $10 million to enter into partnerships with the creative entertainment industry.

The motion picture and television industries have many creative and talented writers, directors and producers who have created popular characters like Roger Rabbitt, Indiana Jones, Ghostbusters and Alf. Their energy should be harnessed for the purpose of creating popular films and Saturday morning programs that have anti-drug themes. These popular films and television programs would become an important part of a child's socialization process and reinforce the message that drug use is bad.

Actors, writers and producers have testified at congressional hearings that the creative community is willing -- and ready -- to participate. In fact, one project already underway involves all three networks, the major studios, the independent television stations, the federal government and the

McDonald's Corporation. The plan is to produce a half-hour animated program, targetting young people, that carries a strong anti-drug message. The show will air simultaneously on all three networks and again, days later on other stations. Two hundred thousand copies will then be distributed to 50,000 video rental stores so that they can be rented free of charge to any family that takes out a children's video. Reportedly, McDonald's is ready to commit funding for the commercial-free broadcast; Disney will handle distribution of the video and oversee the animation production. The federal government must provide incentives for this type of public/private partnership, which is an effective use of resources.

Congress should issue a highly publicized challenge to the motion picture and television industries to contribute their time and talent to the fight against drugs and hold periodic hearings to promote their ideas and monitor their progress. Congress should also provide the Office of National Drug Control Policy with $10 million dollars to enter into media partnership projects such as the one described above.

(2) Industry Cooperation for Anti-Drug Messages. We propose to provide the television community with a narrow anti-trust exemption for the purpose of drafting model guidelines that promote a drug-free lifestyle in all telecast material.

Our strategy will provide a needed incentive for the broadcast networks and others involved in the television industry to develop and follow voluntary guidelines that promote a drug-free lifestyle and carry anti-drug messages. The guidelines should include a commitment to: 1) run anti-drug announcements during prime children viewing hours; 2) avoid any glamorization of drug use in all telecast materials; 3) conduct a national anti-drug campaign; and 4) donate news footage and documentaries of drug related material to the public domain for use by public educational institutions in their efforts to prepare drug education and prevention materials.

In the late 1960's, anti-smoking announcements ran counter to cigarette commercials. The anti-smoking announcements, which usually ran during children's programs, created an awareness of the health risks associated with smoking. According to a report of the Surgeon General, these announcements seem to correlate with a decrease in the number of people who smoke cigarettes. It is believed that creative anti-drug programming would have a similar effect.

The television industry is generally in agreement that much sensitivity should be exercised when depicting drug use. However, under current anti-trust laws, it is difficult for the industry to act as a whole; they are reluctant to act jointly in fear of anti-trust liability. Thus, our plan proposes to exempt from anti-trust liability, the broadcast networks and others in the industry for the purposes of discussion, consideration, review, action or agreement, for the purposes of developing and disseminating voluntary guidelines that promote a drug-free lifestyle and carry anti-drug messages.

This exemption is patterned after an amendment to S.1711, which was introduced by Senator Kohl; the exemption responds to the needs of the television industry, freeing it to effectively mount a coordinated effort against drug abuse.

SPECIFIC PROPOSALS: DRUGS IN THE WORKPLACE

The workplace should be drug free. Research shows that productivity suffers when employees are plagued with alcoholism and drug addiction: absentee rates and medical costs increase while security and safety suffer.

Much of corporate America is taking an active role in assisting employees with drug-related problems. In addition to working with their employees about their substance abuse problems, some companies are helping employees who may have drug-involved or drug-exposed spouses or children.

(1) Comprehensive Employee Assistance Programs. Whenever possible, employers should adopt comprehensive employee assistance programs that provide available and affordable drug treatment to workers who need help.

Comprehensive Employee Assistance Programs (EAPs) include (1) a written policy for a drug-free workplace; (2) an awareness campaign to prevent drug abuse (by educating employees about the dangers and consequences of drug abuse, including information about substance abuse among children;) (3) an assessment and referral program; (4) aftercare support; and (5) program evaluation.

In a time when the demand for drug treatment is far greater than the supply -- and when the cost can be great -- much debate surrounds the call for employer-provided treatment. Should job-related medical benefits cover the cost of treatment? If so, is there a limit to the treatment a company must pay for? Or, should the employee pay for his/her own treatment?

Research by Gary M. Gould shows that in a majority of EAPs that refer individuals to treatment, employer-supported health insurance pays for a significant amount of the fees encountered for the treatment. Usually, mental-health provisions cover this. However, research also shows and attributes to the rising cost of health insurance, that the same employers who support EAPs are reducing their share of mental health insurance coverage. The result: fewer employees with the resources to acquire treatment amidst more employers who choose to test for drug use.

We would encourage all employers to collaborate and to design low cost, but highly effective Comprehensive Employee Assistance Programs. Not only employees and their families benefit from these programs, but so do employers. Studies show that at a minimum, absenteeism and medical costs decrease. Many companies report increased quality of work and productivity. The savings that result from these improvements will benefit all Americans.

(2) Business Roundtable Against Drug Abuse. We propose to provide the Secretary of Labor with $1 million to assist local business communities in developing drug prevention programs for the workplace.

Experience shows that employers may best be able to fight the drug war on the job front by joining together, sharing ideas and combining programs. Our strategy encourages business executives around the country with the incentive to do just this. The Corporation Against Drug Abuse, a Virginia-based non-profit corporation that was created by 21 local chief executive officers of local businesses pooled their resources and identified model drug abuse programs for local businesses.

In 1986, 21 chief executive officers in the Washington, D.C., metropolitan area formed a non-profit Corporation Against Drug Abuse (CADA). These leaders realized -- correctly -- that drug abuse was costing them in lost productivity, increased on-the-job accidents and lower worker morale. They also realized that fighting drug abuse was a common concern -- because all were reaching into the same community to recruit and hire future employees.

CADA's charter set out three specific principles. First, it would not spend a lot of money, since many local businesses did not have the resources to set-up massive new anti-drug programs. More importantly, they realized that they did not need to spend much new money if they simply pooled what they already knew about effective anti-drug efforts. Second, participation would be voluntary, with CADA serving an advisory role. Third, they imposed a sunset clause on the corporation -- to avoid becoming a staff-driven organization endlessly producing studies and conferences long after its objectives had been met.

Already CADA has identified effective prevention programs. It also pools and distributes information on effective treatment programs and legal issues that arise when implementing anti-drug programs in the workplace.

Our plan calls on the Department of Labor to identify one hundred major business regions and to contact local CEOs within each region, encouraging them to develop a CADA-modeled program in their communities. The Department should make $10,000 available to each region to assist in coordinating the CADA-modeled programs in each region. We will make $1 million dollars available to the Department of Labor for this program.

DIFFERENCES BETWEEN THE PRESIDENT'S STRATEGY AND OUR PLAN ON PREVENTION

* The President's plan does not provide adequate resources to fund quality drug education programs in all schools, grades K-12. Our strategy does this and places a Drug Prevention Coordinator and a drug prevention program in every school in America.

* The President's Strategy gives little direction to schools regarding the design of effective prevention programs. Our program prescribes anti-drug abuse training for all school personnel and includes family and community involvement and peer to peer programs; to coordinate prevention efforts, we create a communication system for local agencies responsible for prevention programs and social services.

* The President's strategy fails to address a major part of our inner-city drug trafficking problem: youth gangs. Our strategy funds law enforcement efforts to take violent juveniles involved in drug-related crime off our streets. It also supports prevention programs, which emphasize providing youth with alternatives to drugs and gangs, like Boys Clubs, Girls Clubs and youth sports.

- Both strategies support the use of volunteers to carry the anti-drug message. We establish a National Drug Prevention Corps that utilizes the energy of student volunteers to promote a drug free lifestyle and serve as positive role models for young people.

- The President's strategy calls on actors, actresses, singers and athletes to help in the fight against drugs. Our strategy goes further. We free the television industry from anti-trust liability to encourage them to design model guidelines that promote drug free lifestyles and carry anti-drug messages in all telecast material.

INTERDICTION PROPOSALS

- Create a National Drug Intelligence Center to fully integrate our drug intelligence operations.

- Enhance interdiction of drugs transported in commercial cargo by developing a computer targeting program; funding research and development of detection equipment; and hiring 1,000 additional Customs inspectors.

- Establish air corridors for private air travel into the U.S. to facilitate identification and interdiction of drug traffickers.

- Use the military to provide direct assistance to the Border Patrol and Customs Inspectors.

- Require fingerprints for U.S. visas; amend deportation proceedings for aliens convicted of aggravated crimes; add 150 special agents to INS' criminal alien apprehension program; and expand INS detention centers, to attack drug trafficking by illegal aliens.

- Coordinate and conduct joint interdiction operations off the coast of South America.

- Establish a new postion of Assistant Secretary of Defense for Drug Operations to provide high-level direction for the military's interdiction efforts.

- Establish a National Drug Defense Command to improve coordination at military operational and field levels.

- Make narcotics a "level-one" intelligence priority thereby devoting a greater portion of our intelligence assets to the war on drugs.

CHAPTER VII: INTERDICTION and BORDER CONTROL

Interdiction of drugs and border control efforts must be a priority in America's drug strategy. There is a clear federal obligation to maintain the integrity of our national borders and we can not ignore our basic responsiblity of stopping drugs at our border.

Interdiction efforts have played an ever-increasing role in the federal drug program. From 1981 to 1989, spending on border interdiction increased faster than any other component of the federal drug program -- from $350 million in 1981 to $1.5 billion in 1989. Despite this major commitment of personnel and resources, interdiction efforts have not cut the supply of drugs flowing into our streets and communities. In fact, the supply of cocaine and heroin in the United States by virtually every reliable indicator is at an all-time high. As a result of this massive over-supply of cocaine, the wholesale price of a kilogram of cocaine has dropped nearly 80 percent in the past eight years -- from $55,000 in 1981 to approximately $11,000 to $15,000 today.

The President's September 1989 National Drug Control Strategy provided a thorough and frank assessment of the unsuccessful attempt to cut the flow of drugs into the United States through increased border interdiction efforts. In addition, the strategy put forth reasonable priorities for the interdiction component of the national strategy: 1) improving land, maritime and air interdiction efforts by focusing on mid-level traffickers and shipments of value; 2) cracking down on drug trafficking activities of illegal aliens in the United States; and 3) strengthening efforts to stem the flow of drug-related currency leaving the United States.

Like past "national strategies," however, the President's plan contained only general goals and priorities, lacking the specific, measurable goals or priorities required for a truly comprehensive "national strategy."

Last year for example, the Administration's plan proposed to "expand the operations of the Border Patrol between Ports of Entry." However, it called for increasing the budget of the Border Patrol by only 4 percent -- enough to keep pace with inflation but not enough to expand any Border Patrol efforts without cutting enforcement activities in other regions.

In general, the President's strategy called for a modest six percent increase in spending to protect our borders against the threat of drug trafficking. This increase was barely enough to keep pace with inflation and was smaller than for every other major section of the President's plan. In fact, the strategy called for $114 million less than what Congress and the President agreed was needed in the Anti-Drug Abuse Act of 1988 to protect our border against the threat of international drug traffickers.

> **This drastic reduction in the priority of border control efforts by the Adminstration represented a fundamental re-ordering of federal priorities and remains one of the most troubling aspects of the Administration's approach to the drug problem.**

Unfortunately, the lack of results from the federal interdiction program can be attributed, in large part, to waste, inefficiency, bureacratic infighting and turf battles -- problems that have frustrated both Republican and Democratic administrations for more than two decades. These problems have been repeatedly documented by the General Accounting Office, the Office of Technology Assessment, congressional investigations and internal executive branch evaluations.

Almost a dozen federal agencies have overlapping responsibilities for seizing drugs at or near the U.S. border, including the Customs Service, Coast Guard, DEA, Border Patrol, the National Guard and the four active-duty branches of the armed forces. Most recently, the premature release of information regarding the possible "blockade" of drug traffickers off the coast of Columbia is a clear and unfortunate example of the problems that arise from overlapping responsibilities, and the lack of ultimate leadership.

The effectiveness of interdiction efforts could be dramatically improved if the focus of the interdiction strategy emphasized not only random surveillance and inspection techniques, but also utilization of expanded human and electronic intelligence capabilities to achieve better targeting of possible drug traffickers. Though the Administration's plan correctly notes the potential that expanded intelligence efforts could have on our interdiction program, the strategy avoided a decision on the creation of a National Drug Intelligence Center for at least six months. While that delay was and is regrettable, the time has now come for the administration to quickly and efficiently create such a Center.

In addition, greater effort must be expended on stopping the flow of drugs into our nation via commercial cargo and conveyances, a method of delivery alramingly on the rise. While more inspectors are required and must be hired, we should also expand our research and development efforts to maximize the number of inspections that can be conducted.

The Defense Department also has a critical role to play in the interdiction component of the national strategy. Recently, Congress and the President have given the Defense Department critical new active-duty missions in the international and interdiction components of the national drug program. Despite these new missions, the Pentagon can play an even greater role in narcotics operations through expanded detection, surveillance, communications, intelligence and training efforts. In addition, U.S. military personnel should be available under limited circumstances for direct, in-country anti-drug operations upon an appropriate request from the leader of a foreign nation, and for greater assistance and involvement in detection and monitoring efforts on our borders and at our ports-of-entry.

SPECIFIC PROPOSALS

(1) National Drug Intelligence Center. The need for a single, integrated drug intelligence facility has been recognized at least since 1986, when the President's Commission on Organized Crime recommended merging the overlapping communications and intelligence systems of several agencies into one "all-source intelligence and operations center." Although the President's September strategy acknowledged the inadequacy of the current drug intelligence apparatus, it delayed final action for at

least six months. Consequently, Senators Roth and Biden introduced a bill that would have established an independent national drug intelligence center to consolidate and co-locate the overlapping drug enforcement intelligence systems operated by DEA, FBI, Customs Service, and other agencies.

The Director of National Drug Control Policy should immediately begin planning, developing and constructing an all-source National Drug Intelligence and Operations Center (NDIOC). The center should collect, analyze and disseminate operational, tactical and strategic intelligence from all U.S. drug enforcement agencies -- including the military and intelligence agencies -- and distribute such information to appropriate federal, state and local authorities. Of course, given the extremely sensitive nature of the sources and methods of U.S. intelligence agencies, strict policies and procedures must be implemented to protect the integrity of the information-sharing process.

In implementing this recommendation, the Director should develop plans to consolidate the separate intelligence, command, control and communications systems operated, in one form or another, by the Customs Service, the Coast Guard, the Defense Department the Border Patrol, DEA and the FBI. The implementation plan should also require, at a minimum, that whenever a U.S. drug enforcement agency initiates an investigation, the targets of the investigation are entered into the files of the center. This should help avoid incidents where U.S. drug agencies are conducting separate investigations of the same individual or group. The plan should also require that each agency be provided access to the complete investigative files of other agencies, subject to appropriate authorization from supervisory personnel in each agency, to avoid the problems mentioned above.

The planning, development and construction of the National Drug Intelligence and Operations Center should be the primary two-year goal of the intelligence component of the national strategy. Congress and the President should provide an immediate appropriation of at least $50 million to complete the planning, development and initial phases of construction, with additional spending authority to be provided when necessary to cover the final stages of construction and initial operating costs.

(2) Greater Focus on Commercial Cargo and Conveyances. Although it is difficult to accurately estimate the percentage of drugs entering our country by any particular route, it is undisputed that a significant portion of it enters hidden in commercial cargo and containers, through our legal ports-of-entry -- and this method of delivery is on the rise.

Over eight million containers of cargo enter the U.S. on a yearly basis making it virtually impossible to inspect each and every one. Our inspection efforts can and must be increased, however, and better intelligence and targeting can make these efforts even more effective. The creation of a National Drug Intelligence Center should enhance intellignece gathering and distribution, and is discussed above.

Analysis of Data: While largely derived from intelligence, targeting is more generalized in nature and focuses our inspection efforts on the commercial cargo containers and conveyances most likely to contain drugs. Targeting is part of the Administration's stated strategy, however, much more needs to be done to develop an effective program. Successful targeting requires the continuous collection of a great variety of data including ships manifest, law enforcement data, corporation records, etc. It also requires a computer program to analyze the data, and computers in the field so that the information can be put to use.

The Customs Service should be provided $500,000 per year for 5 years should be provided for the development of the program; with an additional $450,000 for the purchase of computers for the 44 field offices. Absent the ability to centrally collect data, analyze it and get it to the field, the Administration's targeting program will continue to let more drugs flow into this country than it stops.

Inspection: Inspecting cargo containers and conveyances for drugs is a time consumming process, but if interdiction is to be a serious component of the war on drugs, we have to increase the amount of commercial cargo being inspected. This requires a greater number of inspectors and an increased investment in research and development.

X-ray vans which facilitate inspection of boxes are already in the field; however, more are needed. At this time, there are only about 16 X-ray vans available to the customs' inspectors. In addition, development and acquisition of larger X-ray machines are necessary to more readily examine the larger cargo containers. $2 million should be appropriated to double the current number of X-ray vans and begin research efforts on larger machines. Another $5 million should be authorized for research and development efforts to find ways to detect drugs more easily. For example, Gamma Ray Backscatter Devices measure density and greatly facilitate inspections behind walls; there are only 6 available to customs' inspectors. Laser range finders permit checks for false walls; they are currently in testing. These and other scientific devices can significantly expand our inspection efforts. Research and development funding should be a high priority fo our interdiction program.

In addition, the current 749 inspectors assigned to the contraband enforcement teams are wholly inadequate in number to mount an effective war on drugs. More inspectors are needed. The augmentation of Customs personnel by the National Guard which was the result of Congressional action in 1988, has had favorable results. For example, the addition of 480 Guardsmen has resulted in up to 20% of the containers from the high-risk source & transit countries being inspected, versus only 4% of all containers. It has been estimated, however, that an inspection rate of 25% is needed to create an effective deterrence. It is clear that drugs continue to be introduced into our country at an alarming rate. The number of inspectors should be increased. $40 million should be provided to hire and train an additional 1,000 inspectors. In addition, the active military should be used to provide assistance as noted below.

(3) Establish Air Corridors For Travel Into The U.S. The El Paso Intelligence Center estimates that 45% of all cocaine destined for the United States is transported by private aircraft.

The establishment of air corridors for private aircraft to funnel this traffic and facilitate identification, monitoring, and interdiction efforts has been suggested in the past. The 1988 Anti-Drug Abuse Bill required the Sectretary of Transportation to conduct a study on the feasibility of establishing such air corridors. A report on this study was to be forwarded to Congress in May of 1989. The report has not yet been completed. While air corridors raise some safety issues which need to be studied, their potential as a tool to aid in drug inderdiction demanded a higher priority study than is obviously being conducted.

__4) Use of the Military in Border and Ports-of-Entry Monitoring and Detection Efforts.__ While the military's involvement in bringing Manuel Noriega to justice is laudatory, and their air and sea monitoring and tracking efforts have increased, the vast resources of the armed forces are still not being fully utilized in the "War on Drugs." Current law is unclear whether the armed forces may be used in other than a training mode, to provide support to the border patrol in patrolling our land borders in search of drug traffickers. Largely because of this confusion, the military has been restricted to providing assistance to the border patrol only when incidental to their training mission. This significantly limits the support that could be rendered.

The same issues surround the support that the armed forces may give to the Customs inspectors at our ports-of-entry. As an example, the Defense Department has long maintained the position that active duty personnel, including dog handlers [with their drug detection dogs], may not be used to assist customs personnel in searches of cargo because it would constitute law enforcement action. The Customs Service cites its Canine Enforcement Program as its most cost effective narcotics interdiciton initiative. It seems irrational not to permit the existing drug detection dog teams in the military to augment those in Customs.

If necessary, Federal law should be carefully amended to clearly permit the armed forces to provide monitoring and detection support to the border patrol and to permit direct assistance to Customs personnel conducting cargo inspections. Similar legislation was passed in 1988 clearly authorizing air and sea detection and monitoring efforts by the armed forces; there is no cogent reason not to clearly authorize such efforts against drug trafficking over land areas.

Once accomplished, the President should direct the use of the armed forces in direct support of the Border Patrol and Customs Inspectors.

In light of the favorably changing events in Europe, extensive military support should be possible without significantly undermining our other national security needs. This support should remain until the civilian law enforcement agencies can be augmented with sufficient personnel to effect such a deterrence without the military support.

(5) Drug Trafficking and Criminal Aliens. Drug running by foreign nationals has become one of the toughest problems that U.S. drug enforcement agencies face in stemming the importation and distribution of drugs. Major drug organizations are increasingly using foreign nationals as "mules" to carry and sell drugs, as "lookouts" to protect crack houses, and as "enforcers" to intimidate and sometimes kill competing drug dealers. Many of these aliens have been arrested numerous times, only to be deported after arrest or prison and to return

to the United States through the use of fraudulent documentation.

The federal government's response to this problem has been dismal. The General Accounting Office has issued several reports sharply criticizing the Immigration and Naturalization Service's efforts to deal with the so-called criminal alien problem, citing shortages of investigative personnel, overcrowded detention facilities and poor management.

According to a 1986 GAO report on INS' criminal alien efforts in New York city:

* INS staffing at the New York detention facility was 25 percent below required levels; although the center was intended for non-criminal detainees, 67 percent of those detained had criminal backgrounds;

* 24 percent of the aliens released on bond or recognizance pending deportation absconded during their release period; and

* 23 percent of the aliens released were subsequently arrested and convicted for criminal conduct during their release period, most for violent or drug-related crimes.

We must address this alarming problem on several different fronts, from gaining more effective control of the U.S. border to prevent criminal aliens from re-entering the country to boosting INS resources for criminal alien apprehension and detention.

Fingerprints on U.S. visas: The State Department should require applicants for U.S. visas to submit a set of fingerprints, which would be checked against FBI records to determine whether the applicant has been arrested in or deported from the United States.

Deportation of criminal aliens: We should adopt the criminal alien deportation amendments offered by Senator Bob Graham to S.1711 that would prohibit the suspension of deportation proceedings of aliens convicted of aggravated felonies and bar their re-entry into the United States. The Graham proposal also requires the Attorney General to take immediate custody of any alien convicted of an aggravated felony in state or federal court upon completion of the alien's sentence.

Increasing INS resources: The strategy should provide $10 million in new funding to add 150 new special agents to the INS' criminal alien apprehension program for assignment to drug-related cases by the end of 1992, and $25 million to expand secure INS detention facilities for criminal aliens arrested and awating trial or deportation for drug-related charges.

(6) Joint Interdiction Operations With Our Drug Fighting Allies. While it is unfortunate that the Administration failed to fully coordinate recent monitoring efforts through use of naval vessels off the coast of South America, joint operations to interdict trafficking at the source should be a high priority of our interdiction program. Operations such as this require a great deal of coordination.

In a recent hearing before the Senate Judiciary Committee, the Ambassador from Colombia indicated that his country had not been adequately consulted before the Administration's announcement of its intent to conduct the drug trafficking blockade. The Ambassador further stated that his country would be open to negotiating joint operations against drug traffickers. The necessary time, effort, and coordination should be exerted by the Administration on this priority objective. The impact these joint operations could have on the flow of drugs entering this country may be substantial.

(7) Assistant Secretary of Defense for Drug Operations. A new position of Assistant Secretary of Defense for Drug Operations should be created to provide high-level direction for the Pentagon's drug intelligence, interdiction, communication and technical support efforts.

The new post should increase the priority of anti-drug efforts in the context of our general national defense policy provide more effective policy coordination and management for the Pentagon's major new anti-drug missions. A similar approach was used to improve the Pentagon's ability to meet its growing counter-insurgency and guerilla warfare missions. In a 1986 Defense Department reorganization, a new Assistant Secretary of Defense for Low-Intensity Conflict and Special Opeations post was created to increase the priority of such activities within the Pentagon and to improve the management and coordination of the low-intensity conflict/special operations units.

(8) National Drug Defense Command. The sophisticated nature of drug enforcement operations abroad and along the U.S. border require that every branch of the armed services participate in anti-drug activities. The complexity of these missions will certainly increase as the U.S. military is called upon to play a larger role in foreign drug control, border patrol, and customs inspection operations.

Following the precedent of the 1986 Low Intensity Conflict/Special Operations reorganization, a unified National Drug Defense Command should be established under the general supervision of the new Assistant Secretary for Drug Operations. The high-level, unified command would improve coordination at the operational and field levels. A plan to create an integrated drug command was introduced in the 101st Congress by Senator Pete Wilson.

The new Office of Assistant Secretary for Drug Operations and the National Drug Defense Command should be fully staffed and operational within twelve months. The first-year costs for these proposals are estimated at $12.5 million.

(9) Making Narcotics A "Level-One" Intelligence Priority. Virtually every component on the supply side of the national strategy depends on the collection, analysis and dissemination of accurate and timely intelligence. Such information is needed not only to assist in seizing drugs, but also in pinpointing the whereabouts of the major drug cartel leaders, tracking the flow of drug profits, more accurately assessing drug production and identifying drug-related corruption.

To expand and improve the intelligence community's support for anti-drug operations, legislation should be enacted to direct the Director of Central Intelligence to make narcotics intelligence a "Level-One Priority" in the Director's National Foreign Intelligence Program. Such a designation would require the U.S. intelligence community to devote a greater portion of its human and electronic intelligence assets to locating the major international drug traffickers, tracking the flow of drug profits through foreign markets and developing countermeasures to new and sophisticated drug smuggling techniques. A similar proposal passed the full Senate in September 1986 as part of an omnibus anti-drug bill, but was dropped in conference with the House.

DIFFERENCES WITH THE PRESIDENT'S STRATEGY ON INTERDICTION AND BORDER CONTROL

* Our strategy calls for immediate development and construction of a National Drug Intelligence and Operations Center and expanding it to include operational command, control and communications activities. The President's plan merely delays a decision for at least six months.

* Our strategy establishes air corridors for private airplanes entering the U.S. An administration study due to Congress in May 1989 has still not been completed.

* We focus on commercial cargo and conveyances by increasing the number of Customs Inspectors, increasing research and development funds, and developing a computer program to enhance targeting efforts. The President's plan has no such focus.

* We would clarify the legal authority of the armed forces to support the border patrol and our customs inspectors, and utilize the armed forces in sufficient force to significantly deter drug traffickers.

* Unlike the President, we would require fingerprints for U.S. visas; eliminate suspensions of deportation proceedings for aliens convicted of aggravated felonies; and increase INS resources.

* We propose creation of a new position of Assistant Secretary of Defense for Drug Operations in the Pentagon, along with an integrated National Drug Defense Command.

* We believe that the CIA Director should make international drug trafficking a "level-one" priority in the National Foreign Intelligence Program.

SUMMARY OF DRUG EMERGENCY AREA PLAN

* Provide a total of $300 million to "Drug Emergency Areas" designated by the President, with a maximum of $50 million provided to each area.

* Federal resources can be used for anti-drug law enforcement, prevention, and treatment efforts.

* Provide federal funds directly to local government agencies. Some assistance may be in the form of in-kind payment of federal personnel, equipment, or facilities.

CHAPTER VIII:
HARDEST-HIT AREAS

The Anti-Drug Abuse Act of 1988 required the President to designate specific areas of the country as high intensity drug trafficking areas. The Drug Director was given broad discretion in identifying these areas and in determining the type and level of federal assistance to be provided these areas hardest hit by drugs.

The Administration's Plan

Press accounts indicate that five areas -- New York City, Miami, Houston, the Southwest border, and Los Angeles -- will be designated as high intensity areas by Drug Director Bennett. These areas will divide about $40 million in new federal aid, all of which will support law enforcement initiatives.

Not only is this funding level grossly inadequate to meet the needs of the cities hardest hit by drugs, but the exclusive focus on law enforcement ignores the prevention and treatment components vital to any successful anti-drug effort.

An Alternate Approach

To address the special needs of the cities and areas of this country which are hit hardest by drugs, we must:

- Provide funds adequate to meet the challenges presented by the nation's drug disaster areas;
- Provide funds quickly and directly to local officials; and
- Support all elements of a comprehensive anti-drug strategy -- law enforcement, prevention, and treatment initiatives.

The nation's response to drug emergencies should resemble our response to natural disasters -- with the quick provision of special federal assistance to local officials. This was the intent underlying Senator Kennedy's and Senator Biden's proposal to allow the President and the Drug Director to identify and assist high intensity drug trafficking areas.

One year after this proposal was included in the Anti-Drug Abuse Act of 1988, the Administration had still not designated any areas for special federal assistance. The President's refusal to act prompted the Senate to pass legislation, proposed by Senator Cranston, mandating that these areas be designated by February 1, 1990.

Senator Biden's Drug Emergency Areas proposal builds on both pieces of legislation. This proposal, included in the Federal Crime Control Act of 1989 and the subject of a hearing before the Senate Judiciary Committee, would require the President to designate several drug emergency areas. These areas would share $300 million in federal support for drug law enforcement, drug prevention and drug treatment efforts.

SPECIFIC PROPOSAL: DRUG EMERGENCY AREAS

The Anti-Drug Abuse Act of 1988 gave the President broad discretion in defining the federal goverment's response to those areas hardest hit by drugs. The Drug Emergency Areas proposal provides $300 million in direct federal support for comprehensive anti-drug programs in the localities suffering most from the scourge of drugs.

Funding for Drug Emergency Areas We propose that the federal government provide $300 million in anti-drug assistance to those localities the President identifies as drug emergency areas.

Anti-drug budgets of state and local governments have increased significantly over the past few years. In the nation's largest cities, the total funding provided for anti-drug prevention, treatment and law enforcement efforts often exceeds $200 million.

Despite their extraordinary efforts to muster resources against local drug problems, some cities have been overrun by the symptoms of hard-core drug abuse -- crack-addicted babies, child abuse and neglect, drug-related property crime, neighborhoods controlled by drug dealers, and wasted lives.

Such problems demand a special response by the federal government.

We propose to provide $300 million in federal aid, over and above the assistance the President and Congress have already agreed to. These funds will go a long way towards meeting the needs of the areas which have suffered most from the nation's drug epidemic. With a cap of $50 million for each drug disaster area, these funds will be spread over the ten hardest hit areas while still providing resources sufficient to make a significant difference in these areas. (For example, an addition of $50 million would represent a 10% increase in New York City's annual anti-drug budget.)

The drug emergency areas proposal, included in the Federal Crime Control Act of 1989 (S.1972), requires the President and the Drug Director to designate these areas after reviewing requests submitted by governors or mayors.

Under the proposal, states must also contribute funds to areas hard hit by drugs. Requiring states to match federal funding by providing 25% of these additional funds meets this goal.

Supporting Law Enforcement, Drug Treatment and Prevention. We propose that the federal government support comprehensive anti-drug programs in areas designated as drug emergency areas.

To identify the need for all three components would seem hackneyed after the many months the nation has discussed the importance of an integrated response to drugs. Yet, the President's approach would have the federal government support only law enforcement efforts in these hard-hit areas. Aid to drug emergency areas must support all three components of an anti-drug strategy -- law enforcement, prevention, and drug treatment efforts.

Law enforcement officials agree that exclusive reliance on enforcement is a formula for failure. During his testimony before the Senate Judiciary Committee, the head of the Drug Enforcement Administration's New York City office (a 25-year veteran of the federal government's anti-drug law enforcement effort) argued that the top priority for New York City's war on drugs is "meaningful substance abuse education in every grade starting at kindergarten." The Chief of the Dallas, Texas police department offered similar testimony in his testimony before the Senate Judiciary Committee.

Direct Provision of Emergency Assistance. We propose that direct federal assistance be provided to drug emergency areas.

The cities and areas hardest hit by drugs need help today. The quickest and most efficient way to deliver this help is to provide federal resources directly to local government agencies. Under our proposal, the Drug Director will identifying the areas which qualify as drug emergency areas. Thus, the Drug Director will have exercised the oversight function usually performed by the states. The task which remains is to deliver the resources to the local agencies charged with law enforcement, drug prevention, and drug treatment duties. Direct funding is the quickest route to this result.

Allowing local governments to allocate these funds ensures that they will be targetted at the most severe problems confronting each drug emergency area. We must expect that each area will face different problems. Unfortunately, there are not enough funds to address them all. Targets must be chosen and, plainly, local officials are the best qualified to assess local problems and set priorities accordingly.

New York City Mayor David Dinkins and Richard Berkley, Mayor of Kansas City, Missouri and a past president of the U.S.

Conference of Mayors, testified to the importance of direct federal aid during a hearing before the Senate Judiciary Committee convened by Senator Joseph R. Biden, Jr.

Still, some local needs, high-level drug enforcement in particular, are best met by federal agencies. Consequently, some federal assistance will be delivered in the form of in-kind payment -- federal agents, equipment, facilities, and technical assistance.

DIFFERENCES WITH THE PRESIDENT'S APPROACH ON HARD-HIT AREAS

- Both proposals agree that drugs have wrought such destruction on some areas of the country that extra federal assistance is required.

- Our plan offers a total of \$300 million to drug emergency areas. The President's approach would have us spread \$40 million over the nation's hardest hit areas.

- Our plan supports all three elements of a comprehensive anti-drug strategy: law enforcement, prevention and treatment. The President provides only law enforcement initiatives.

- Our plan would provide assistance directly to local government agencies. The President's approach relies solely on the provision of federal agents.

SUMMARY OF COORDINATION PROPOSALS

* Elevate the position of Director of National Drug Control Policy to full cabinet status. And elevate the ONDCP position of Associate Director for State and Local Affairs to the Deputy Director level.

* Establish one National Drug Intelligence Center to coordinate and disseminate all anti-drug intelligence among the various appropriate federal, state, and local agencies.

* Create a Justice Department Organized Crime and Dangerous Drugs Division to centralize and expand federal law enforcement efforts against high-level traffickers and organized criminal enterprises. The Division would prioritize asset forfeiture and money laundering cases and international criminal cases.

* Reorganize the Department of Defense to establish a position of Assistant Secretary of Defense for Drug Enforcement to develop and direct Pentagon anti-drug policy. Establish an integrated National Drug Defense Command to coordinate the operational drug enforcement activities of the Army, Navy, Air Force, Marines.

CHAPTER IX: COORDINATION

INTRODUCTION

Poor coordination, petty turf battles and bureaucratic rivalries have undermined federal anti-drug efforts for more than two decades. U.S. agencies have surreptitiously withdrawn money from other agency accounts, major drug traffickers have escaped arrest because of inter-agency bickering, and millions of dollars have been wasted on duplicative efforts. Studies by the General Accounting Office, the Office of Technology Assessment, Executive agencies and Congress have concluded that greater coordination is absolutely imperative. In fact, the primary reason that the Drug Director statute was first proposed by Senators Biden, DeConcini and others ten years ago was the need to end turf battles, improve coordination and streamline the federal attack on drugs.

Creating the Drug Director post and charging him with developing a national drug strategy was only the first step toward improving U.S. anti-drug efforts. The law also required the Director to undertake a year-long, comprehensive study of the existing federal anti-drug bureaucracy, and to submit a plan to eliminate unnecessary overlap, consolidate agencies and clearly define agency jurisdictions.

Unfortunately, the Administration has failed to propose a comprehensive blueprint for reorganizing the federal drug agencies. While the President has endorsed the concept proposed by Senators William V. Roth and Joseph R. Biden, Jr. -- to create a national drug intelligence center (NDIC) -- the White House plan fails to contain any major proposals to consolidate the more than 35 federal agencies with overlapping jurisdictions, particularly the Customs Service, Coast Guard, DEA, State Department, FBI, Border Patrol and the Pentagon.

SPECIFIC PROPOSALS: MANAGEMENT

(1) Elevate drug policy office. The position of Director of National Drug Control Policy should be elevated to full Cabinet status. The Director must have full and complete access to the President and his Cabinet, where the bulk of Administration policy decisions are made. Congress intended the Director to have Cabinet status when it established the position at

Executive Schedule I, along side the Secretary of State, the Attorney General and the other Cabinet members. President Bush's decision to exclude the Director from the Cabinet clearly frustrated the letter and spirit of the statute that created the Director's post. The President's decision ignores the critical importance of the Director's responsibilities and the broad jurisdiction of the office. Accordingly, the National Narcotics Leadership Act of 1988 should be amended to provide explicitly that the Director has full Cabinet status.

(2) Give priority to state and local issues. The position of Associate Director for State and Local Affairs should be elevated to the Deputy Director level, equal in rank to the current deputy positions for supply and demand reduction. The 1988 drug strategy act specifically provides that the Director is to develop a national strategy, integrating the anti-drug efforts of the federal, state and local governments. The Administration's failure to take into account the impact of major policy initiatives in the September 1989 national drug strategy on state and local agencies clearly illustrates that they were not adequately represented in the formulation of the strategy.

SPECIFIC PROPOSALS: STREAMLINING AGENCIES

(1) Consolidate federal agencies. Reforming the federal bureaucracy may be the most difficult job in government. The Anti-Drug Abuse Act of 1988 instructs the Administration to undertake such an effort by submitting a comprehensive plan by January 15, 1990, to improve coordination and efficiency among federal drug agencies, including proposals to "reduce the number of [anti-drug] agencies by consolidating under a single head agencies with similar functions ..."

Unfortunately, the Administration plans to take exactly the opposite approach. The report -- which is already overdue -- will not recommend any major consolidation effort among the more than 35 federal agencies with drug-fighting responsibilities, despite instances of clear duplication and overlap. Instead, the White House strategy proposes to improve coordination and efficiency by establishing up to a dozen new working groups, task forces and coordinating committees. These coordinating bodies, which only disperse authority and responsibility, will exacerbate bureaucratic inefficiencies.

The Drug Director should reconsider the requirements of the 1988 drug law and submit a realistic plan for consolidating agency responsibilities. To make the task more manageable, the Director should consider focusing initially on the well-documented overlap among border interdiction agencies, including the Customs Service, Coast Guard and Border Patrol.

(2) Create a National Drug Intelligence Center. We should establish an independent national drug intelligence center to consolidate and co-locate the overlapping drug enforcement intelligence systems operated by DEA, FBI, Customs Service and other agencies. Legislation to establish such a center has been introduced by Senators Roth and Biden.

To its credit, the Administration has endorsed the concept in the Roth-Biden bill and plans to move forward to create a national intelligence center. The Administration's plan, however, contains fundamental weaknesses. First, the Administration plans to move forward with two separate drug intelligence systems: 1) the National Drug Intelligence Center, run by the Department of Justice; and 2) the Financial Crimes Enforcement Network (FINCEN), under the Treasury Department. Both systems reportedly will track drug-related money laundering. Both systems will use advanced artificial intelligence (AI) to investigate drug crimes. And both systems will coordinate with the intelligence systems of other agencies.

Moreover, the FBI is moving forward on its own Drug Intelligence System (DIS), which also will track money laundering, use AI technology, and coordinate intelligence from other agencies (although there is some discussion that the FBI's DIS system will become the starting point for the National Drug Intelligence Center). Finally, according to extensive staff briefings, DEA, FBI, IRS and the Customs

Service have failed to agree to provide the new centers with direct access to their individual data bases, and neither center has committed to providing access to state and local law enforcement agencies.

The individual goals of each agency are worthy: to provide more accurate, timely and comprehensive drug-related intelligence to support field operations and long-term strategy and policy development. However, moving forward with two or three separate drug systems will only aggravate the existing problems of overlap and duplication. Instead, the national strategy should adopt the approach contained in the Roth-Biden bill that would:

* create an independent, unified national drug intelligence center, headed by an Executive Director appointed by the Director of National Drug Control Policy;

* consolidate and co-locate the existing drug-related intelligence systems in the new national center;

* have direct access to the drug-related intelligence data bases of federal law enforcement agencies; and

* provide state and local law enforcement agencies with controlled access to federal drug intelligence.

(3) Justice Department Dangerous Drugs Division. We should establish a new Organized Crime and Dangerous Drugs Division in the Department of Justice. This reorganization would centralize and expand federal law enforcement efforts against high-level drug traffickers and organized criminal enterprises, raise the priority of asset forfeiture and money laundering investigations, and increase the Justice Department's ability to handle international criminal cases, particularly cases that concern sensitive foreign policy issues.

The current Justice Department's structure in these areas is divided, uncoordinated and plagued by turf battles and inefficiency. Traditional organized crime prosecution has been the responsibility of the Organized Crime and Racketeering Section of the Criminal Division, which is headquartered in Washington, D.C., and organized crime strike force (OCSF) field offices in 23 cities. In contrast, prosecution of major drug trafficking organizations is handled by the 13 Organized Crime and Drug Enforcement Task Forces (OCDETF). The 13 OCDETFs are run separately by the 13 U.S. attorneys where the task forces are located, with little national policy direction. There is considerable overlap between OCDETF and OCSF. However, even where they operate in the same cities, they operate out of separate buildings and have little formal interaction.

The responsibility for money laundering prosecutions and for civil enforcement and asset forfeiture is similarly divided. Money laundering prosecutions are handled by the U.S. Attorneys and by two different sections of the Criminal Division in Washington. Asset forfeitures are handled by special Assistant U.S. Attorneys hired under the 1988 Anti-Drug Abuse Act for that purpose, by the Asset Forfeiture Office in the Criminal Division, and by a new coordinating group in the Deputy Attorney General's Office. And, as organizations staffed primarily by career prosecutors, both the Criminal Division and the Drug Enforcement Task Forces have been slow to devote resources to civil enforcement.

Finally, the Justice Department has been very slow to recognize the need for expanding its role in international relations. The lack of attention to this issue was dramatized in 1989 when the Attorney General announced his intention to create an Office of International Affairs in the Department without mentioning that an Office of International Affairs has existed in the Criminal Division for years.

Organized Crime and Dangerous Drugs Division

Under our proposal, the following offices would be consolidated in a unified division dedicated exclusively to organized crime and drug trafficking cases: 1) the Organized Crime and Racketeering Section; 2) the Narcotics and Dangerous Drugs Section; 3) Asset Forfeiture Office; and 4) the Organized

Crime and Drug Enforcement Task Forces. The new division would have both civil and criminal responsibility, with strike forces in major cities throughout the country.

Assigned to this new division would be specialized international drug enforcement teams. These teams would be devoted exclusively to investigating and prosecuting international drug cases, particularly those involving extradition, money laundering, drug-related corruption and other complex cases. These teams would be unique in that they would include both investigative agents and prosecutors from DEA, FBI, Customs, Coast Guard, IRS and the Departments of Justice and State, as well as liaison personnel from the U.S. military and intelligence agencies. These personnel would have specialized training in criminal law enforcement so that U.S. intelligence efforts could be directed toward gathering information and evidence that can be used by civilian authorities in criminal prosecutions while protecting the sources and methods of U.S. agencies.

Administration opposition

The Administration opposes creating the new division. A December 1989 report prepared jointly by the Office of National Drug Control Policy and the Justice Department based its opposition on the idea that only minor changes in the current structure can solve long-standing turf battles and coordination problems. According to the report, the new division "would add yet another element of bureaucracy to the [department's] drug enforcement effort."

This is the exact argument the Administration used when it fought against creating the Drug Director's office. However, like the Drug Director law -- which actually eliminated bureaucracy by abolishing three separate drug policy offices in favor of one Cabinet-level post -- the new division would actually eliminate unnecessary overlap and streamline drug enforcement efforts. Existing OCDETF and OCSF operations would be merged in the new division, along with the asset forfeiture and international affairs offices.

The Attorney General's recommendation to shift OCSF operations into the U.S. attorneys' office would make the situation worse by removing the one successful feature of the current structure -- national direction and support for long-term investigations and prosecutions of major criminal enterprises -- without improving upon the lack of coordination and overlapping jurisdiction among these units. The Administration is cavalier in its disregard for how effective the OCSF structure has been in cracking down on organized crime families throughout the country. U.S. attorneys -- political appointees whose average tenure is little more than two years -- do not have the institutional interest or expertise to pursue the long-term drug prosecutions that are needed to eliminate entire drug trafficking enterprises.

(4) Reorganize U.S. military anti-drug efforts. A new Assistant Secretary of Defense for Drug Enforcement should be created to provide policy direction for the Pentagon's drug intelligence, interdiction and communication support efforts. Supported by an integrated National Drug Defense Command, the new Assistant Secretary would coordinate the operational and field activities of the Army, Navy and Air Force and Marines.

Pentagon anti-drug efforts are currently headed by the Assistant Secretary of Defense for Reserve Affairs. In addition to his counterdrug responsibilities, the Assistant Secretary is charged with overseeing the efforts of more than one million soldiers in reserve and national guard units. As counterdrug operations become one of the Pentagon's major active-duty missions, there is a need to ensure more effective, high-level policy direction to Defense Department drug control activities.

Moreover, as the military's role in anti-drug efforts increases, the inevitable interservice tensions will become more acute. This is especially true in counterdrug operations, where military units will be called upon to work side-by-side with federal, state and local law enforcement agencies.

The strategy must improve coordination at both the policy and operational levels. At the policy level, a new Assistant Secretary of Defense post for counterdrug missions would provide the full-time attention and leadership that is needed to direct the Pentagon's expanding responsibilities in this area. And at the operational level, a senior integrated national command would ensure that the day-to-day activities of Army, Navy, Air Force, Marines and reserve units are coordinated among themselves and with civilian drug enforcement officials from federal, state and local agencies. As discussed more thoroughly in the chapter on Border Control, Interdiction and Intelligence, these changes are modeled closely after the Goldwater-Nichols reorganization that has greatly improved the Pentagon's Low-Intensity Conflict/Special Operations (LIC/SO) responsibilities.

DIFFERENCES WITH PRESIDENT'S STRATEGY ON COORDINATION

* The President proposes no significant consolidation among the more than 35 federal agencies with drug enforcement responsibilities. Our plan directs the Administration to reconsider its opposition to streamlining the federal anti-drug structure.

* Although the President's plan endorses the concept of creating a national drug intelligence center, our plan incorporates the Roth-Biden bill that calls for creating an independent drug intelligence center, consolidating the drug-related systems of the Justice and Treasury Departments.

* The President proposes no significant changes to the Justice Department's drug enforcement program, despite on-going turf battles and inter-agency squabbles. Our plan calls for creating an Organized Crime and Dangerous Drugs Division in the department, to increase the priority of major drug cases, streamline the overlapping anti-drug units in the department, and to expand money laundering and forfeiture efforts.

* The President decided not to make the Drug Director a member of the Cabinet. Our plan provides that the Drug Director shall elevated to be a member of the Cabinet.

SUMMARY OF RESEARCH PROPOSALS

* Establish an Advanced Technology Assessment Command to conduct anti-drug trafficking research, and fund the Command at $150 million for its first year of operation.

* Use super-computers to track money launderers. Develop additives for precursor chemicals that will render those chemicals useless to illicit drug producers. Use lasers to detect drug shipments. Use stable radioactive isotopes to map drug trafficking networks. Use automated fingerprint systems at the FBI.

* Expand the National Household Survey on Drug Abuse to measure drug use among transients and other high-risk populations, and for other purposes. Also, expand the Drug Abuse Warning Network to survey rural areas.

* Take all major drug use surveys on a quarter-annual basis. And report the results of each survey within 1 month of its completion.

* Produce a quarterly report card to measure the nation's progress in its anti-drug efforts.

* Establish a Drug Intelligence Epidemiology System, modeled after the Centers for Disease Control's Epidemiology Intelligence Service.

* Fund adequately new research into pharmacotherapy. Set investigative priorities for those researching pharmacotherapeutics. Provide incentives for private industry to expand its drug medicine development efforts. Hasten the government's approval of safe, new medicines. Raise the public's awareness of the increasingly available and effective drug treatment medicines.

CHAPTER X: RESEARCH

It is painfully evident that America is not solving its drug problem. This is clear from the rising number of hard-core addicts and the soaring crime rate. The blame for our continued frustration lies only partly in the small amount of resources that the government has devoted to the anti-drug effort. Beyond the amount, what matters is the wisdom with which the government allocates that funding. One wise anti-drug investment is research -- into epidemiology, technology, and medicine, for instance. Expanded research efforts will help our future resource allocations work more efficiently and productively.

INTRODUCTION

President Bush's first Drug Strategy recognized the need for research but was short on specific proposals. Instead of highlighting individual initiatives, systems, or medicines, his Plan emphasized new Committees and Working Groups that will only develop research agendas under -- leaving others to actually do the work. Press accounts suggest that the second Drug Strategy will follow a similar course.

Our Strategy targets individual projects that will allow researchers to turn their technological and scientific knowledge into productive anti-drug measures. We must get our research out of the lab and into the field.

Three Areas of Focus for Research

Our Strategy addresses the research needs of three broad phases of the drug problem: epidemiology, to assess the problem; enforcement technology, to apprehend the criminals; and pharmacology, to treat the addicts. This chapter will present our strategy to realize the full potential from the research efforts in each of these areas. Our Strategy makes imaginative and productive use of the nation's information reserves. Also, our Strategy points the way for utilizing in the anti-drug effort certain already developed technologies and capabilities.

To accomplish its task, our Strategy calls for significant funding increases in the nation's research budget. We seek to prioritize research, its coordination and practical application. With increased funding and innovative initiatives, we intend to bring to bare this nation's famed ingenuity to end the drug scourge that now plagues it.

SPECIFIC PROPOSALS: EPIDEMIOLOGY

The federal government's current estimates of illicit drug use are an inadequate foundation for generating effective policies against the national scourge. Understanding the problem is always the first step towards solving it. Our current data collection techniques and timetables are simply not adequate to suit their purpose.

Drug abuse statistics and intelligence must be accurate, timely, and comprehensive. Today, they are not. The problem is not that our researchers are incompetent or that the task is impossible. Rather, the problem is that we have failed to devote the necessary resources and attention. We have the ability to generate accurate, detailed national statistics -- witness our monthly employment statistics. We just need the same commitment in this area. To prompt this commitment, we propose the following four initiatives:

(1) Expand the National Household Survey on Drug Abuse. The Survey should be expanded to measure drug use among transients and other high-risk populations, and for other purposes.

The Survey is the nation's most important measure of drug abuse. However, it does not now collect drug use data from transients, or from jail and prison inmates. And yet these people are among the most likely to be hard-core drug abusers. They are easy to find -- through treatment centers, courts, correctional systems, hospital emergency rooms and shelters. Systematically excluding them from our drug use data leaves policymakers with an incomplete picture of the nation's drug problems.

(2) Expand research on rural drug use. We should ensure that the Drug Abuse Warning Network data from hospital emergency rooms and medical examiners is expanded to survey rural areas.

By measuring drug abuse episodes that culminate in hospitalization or death, this survey is one of the principle measures of hard-core drug use. Its data cover the nation's 21 major metropolitan areas. In other words, the survey detects hard-core drug use almost exclusively in urban and suburban areas. The survey should be expanded to cover emergency rooms and medical examiners serving rural areas -- or else, again, policymakers will be forced to base important decisions on incomplete information.

(3) Take surveys more often. All major drug abuse surveys should be taken quarterly. And that the results of each survey be released within 1 month of its completion.

Policymakers base their decisions on our nation's major surveys. Almost all of these surveys are not released until several months after the data have been collected. For example, the 1988 National Household Survey was not released until July 31, 1989. Similarly, the Drug Use Forecasting data that measured drug use among arrestees between April and June of 1989 was not released until January 1990. Absent timely data, we cannot be sure that we have targeted resources effectively.

(4) Provide a quarterly report card on the nation's anti-drug effort. We propose a summary report card of the nation's progress in its effort to reduce drug use. The report card's data would be based on the various national drug surveys.

Simple, up to the minute assessments of our anti-drug policies are missing. Without these assessments, it is difficult to debate meaningfully about possible policy changes.

(5) Establish a Drug Intelligence Epidemiology System. Such a system, modeled after the Centers for Disease Control's Epidemiology Intelligence Service, should be established to detect and disseminate information about emerging drug

problems. The annual budget for the System will total $4 million

SPECIFIC PROPOSALS: DRUG ENFORCEMENT TECHNOLOGY

International drug cartels are the most sophisticated criminal enterprises in the modern world. The enormous profits of the drug trade have allowed their leaders to purchase advanced communications, transportation, and weapons technology, equipment that is often more advanced than that employed by U.S. and foreign drug agencies. In fact, the international drug trade -- along with terrorism, insurgency, and other so-called "low intensity conflicts" -- are the most rapidly increasing threat to U.S. national and international security interests.

The U.S. response to this threat, particularly in research and development of advanced technological counter-measures, has been inadequate. It has suffered from scarce resources, poor coordination, and an absence of national direction. The Pentagon's current research and development budget is approximately $30 billion -- 10 percent of the Defense Department's annual budget. In contrast, according to the Office of Management and Budget, fiscal 1989 drug enforcement research and development appropriations totalled $24.7 million -- less than 1 percent of the total federal drug enforcement budget. Moreover, there is no central location where U.S. drug technology requirements are identified and assigned to specific agencies for development, testing, and acquisition. For example, the FBI, Customs Service and Los Alamos National Laboratory are all pursuing artificial intelligence systems for use in counterdrug initiatives with little or no coordination.

The national strategy should include a comprehensive drug enforcement R&D initiative to spur the development, testing and acquisition of advanced drug-fighting technologies. This effort should be undertaken in the context of an over-all low-intensity conflict R&D program that includes drug trafficking, terrorism and insurgency counter-measures.

An outline for such an initiative has already been developed by a team of leading scientists from the Los Alamos National Laboratory. That outline calls for research into:

- lasers that can detect the fumes of drug processing sites. (Similar technology may be able to detect illegal exports of U.S. currency by money launderers);

- satellites that can spot cocaine facilities in remote jungle regions in the Andes;

- biological and chemical sensors that can be used to detect drug shipments in containerized cargo, on persons, and in aircraft and other conveyances; and

- sophisticated super-computer modeling programs and artificial intelligence systems that can identify and track drug-related money flows through U.S. and international financial centers.

To speed research in these areas we propose two new initiatives:

(1) Advanced Technology Assessment Command. We should establish an Advanced Technology Assessment Command (ATAC), an independent civilian counterpart to the Pentagon's Defense Advanced Research Projects Agency (DARPA), to conduct anti-drug trafficking research. The Command should be funded at $150 million for its first year of operation.

As recommended by the Los Alamos team, the new agency should be responsible for identifying counterdrug technology requirements, both vertically within enforcement agencies and horizontally across departments. Further, ATAC should coordinate and fund a comprehensive national research, development, testing, and acquisition program that addresses short-term operational requirements and long-term strategic technology needs.

The technology R&D budgets of the various U.S. drug enforcement agencies (including DEA, FBI, Customs Service, and the Border Patrol) should be consolidated in one budget line-item for ATAC, with a first-year funding level of $150 million -- approximately two percent of the total fiscal 1990 drug enforcement budget. This amount should increase to at least 10 percent of federal drug enforcement spending by 1992.

(2) Specific technology initiatives. U.S. agencies have identified several new technologies that can be utilized in the short-term for domestic and international drug enforcement efforts. Among the most promising efforts are:

* Money laundering. Scientists at the Los Alamos lab have developed super-computer financial models that can identify and track suspicious U.S. and international money flows to determine which countries, cities or even individual banks are being used to disguise drug profits. The FBI and the Customs Service have begun using separate artificial intelligence systems to target specific drug trafficking organizations. These efforts should be fully coordinated, with adequate funding to bring them on-line as quickly as possible.

* Precursor chemicals. Researchers may be able to develop biological and chemical additives to precursor and essential chemicals that would disrupt the cocaine conversion process without rendering the chemicals unusable for legitimate industrial purposes.

* Lasers. Los Alamos researchers believe that laser radar (LIDAR) technologies can be used to detect certain organic emissions from drug processing sites and shipments. Similar laser technology may be able to identify the type, fuel and origin of a suspect aircraft by analyzing its exhaust.

* Radioactive detection methods. Stable radioactive isotopes, which are completely safe for humans, can be developed to trace drug trafficking routes from the South American jungles to the streets of the United States. For example, nitrogen fertilizers can be "tagged" with an overabundance of the stable isotope 15N. That isotope would be incorporated into the coca plant and passed along from the plant's leaf, to the coca paste, and then to the final cocaine hydrochloride. If so "tagged," seized drugs can be traced back to their original source, thus revealing new distribution networks in detail.

* Automated fingerprint systems. Several states, including California, have established state-of-the-art automatic fingerprint identification systems (AFIS) that use high-speed computers to match suspect fingerprints against criminal records. The entire process takes but a few seconds, even for single and latent prints. The FBI, which maintains federal criminal and fingerprint records, still relies largely on time-consuming, human-conducted searches that often require multiple prints for positive identification. Implementing an AFIS system for the FBI should be among the top priorities of our broader anti-drug technology initiative.

SPECIFIC PROPOSALS: PHARMACOTHERAPY

Throughout the twentieth century, illegal drug use has been a problem in the United States. Recently, the problem has taken on extraordinary proportions as the nature and the potency of available illicit substances have changed. As the problem has changed, so, too, has the nation's perception of drug use. The public, along with the medical community, now understands substance abuse as a disease. And, like any disease of such pandemic proportions, we must find a cure for this one.

The treatment community has worked arduously to help the addict population, but current treatment methods are simply not adequate to treat them all. One relatively new and quite promising treatment method is pharmacotherapy, in which physicians use medicines to treat the disease of addiction. Expanded and directed research for this promising treatment method must become a national priority. Unfortunately, the Bush Administration does not appear to agree. It spent only $30 million dollars on pharmacotherapy last year. We should fund the treatment research at $1 billion over the next decade.

A recent Senate Judiciary Committee staff report, "Pharmacotherapy: A Strategy for the 1990's," points to eight especially promising medications -- four for heroin, three for cocaine, and one for combined heroin and cocaine addiction. Although the staff report singles out these medicines, there are many more that are currently under investigation. The National Institute on Drug Abuse (NIDA) sponsors the development of at least 30 of them. And still more are waiting to be discovered.

There is great evidence of pharmacotherapy's value. It allows for better patient treatment. Physicians will have a assortment of medicines from which to choose, and one of them will likely suit any given addict. The medicines will help stabilize addicts' lives and make them more receptive to conventional treatment methods. This benefit will prove particularly important in the case of hard-core addicts who otherwise, in the opinion of Dr. William Bennett, might be lost to treatment. Also, because the medicines are cheap compared to other treatment methods, more people can be treated with them. America's treatment dollars will go further.

The question naturally arises: What can we do to promote the discovery and develop- ment of these medicines? Currently, there is no national plan for pharmacotherapeutic development. And, as noted in the "Treatment" section of this strategy, in the absence of proper direction and funding, neither government nor industry has adequately responded to the public's need for the medicines.

To fill the void in the President's National Drug Strategy, we should adopt a specific, goal-oriented national plan for pharmacotherapeutic development. The plan should expand and direct the development of these medicines.

To accomplish these ends, we should do the following:

(1) Fund adequately new research.

(2) Set priorities for the research community.

(3) Provide incentives for private industry to expand their pharmacotherapeutic research efforts.

(4) Hasten the government's approval of the safe, new medicines.

(5) Raise the public's awareness of the increasingly available and effective medications.

These five points are explained in greater detail in the "Treatment" section of this strategy.

DIFFERENCES WITH THE PRESIDENT'S STRATEGY ON RESEARCH

* The President's Strategy does not adequately pursue new tools to fight drug traffickers. Our Plan, however, would expand and coordinate such tools with the establishment of an Advanced Technology Assessment Command. Furthermore, our Plan would fund the Command at $150 million for its first year of operation.

* The President's Strategy does not take full advantage of emerging technologies by employing them in the anti-drug effort. However, our Plan proposes, for example, using super-computers to track money launderers and radioactive isotopes to map drug trafficking networks.

* Although the President's Strategy provides for many information gathering surveys, those surveys will still not allow a complete understanding of our nation's drug problem. Our Plan calls for expanded surveys that would be taken more often.

* The President's Strategy does not outline a clear and aggressive means for reaping the benefits of medicinal treatments for drug abuse. By contrast, our Plan details what needs to be done to promote the development of such medicines. We present an ambitious plan, and we fund it at $1 billion over the next decade.

APPENDIX:
RESOURCE NEEDS

Funding the programs the federal government promises to deliver is the shared responsibility of the President and the Congress. The President and the Congress have taken on the challenges posed by drugs with numerous and ambitious programs. The drug problem surely deserves this attention and the funds necessary to deliver on these promises.

The President's September Strategy proposed a 39% increase in anti-drug funding, adding roughly $2.2 billion to the $5.7 billion the federal government spent in FY1989. By the end of September, the Congress found the resources to pay, quoting Senator Byrd, "every penny of every dollar that the President asked for."

Then, the Congress responded with an additional $1.1 billion in anti-drug resources. The Congress targetted these extra dollars where the President's September Strategy had been the most stingy, providing an additional $800 million to support drug education and treatment programs; $200 million on juvenile justice and delinquency prevention; and $100 million to help local law enforcement officials combat drugs.

All told, the Congress found the funds to pay for the President's anti-drug program as well as the extra funds needed to pay for the anti-drug program the American people wanted.

The Congress also struck a fairer balance between the supply side and the demand side of the nation's anti-drug efforts than the President's approach. The President's September Strategy allocated only one-quarter of his anti-drug budget to demand side efforts -- drug education, prevention and treatment programs. The Congress added to the supply side -- providing even more funds for law enforcement and interdiction efforts than the President proposed. Still, the Congress was able to allocate more than one-third of the final budget to the demand side of the anti-drug equation.

The budget which follows summarizes the funding needs identified in our strategy. We propose to add $5.2 billion to the $9.4 billion the federal government will spend on anti-drug efforts this year -- a 56% increase. This is the same percentage increase in anti-drug spending adopted by Congress last year.

About 6 of every 10 of the additional dollars proposed here ($3 billion) will support drug treatment, education and prevention efforts. Still, supply-side efforts command 58% of the $14.6 billion total.

The $14.6 billion total sets an ambitious target, but it represents the level of commitment necessary to address our most pressing national problem.

BUDGET SUMMARY

	Appropriations FY1990	Proposal FY1991	Change
Law Enforcement	$4,249*	5,220	+971
Interdiction	1,764	2,414	+650
International	512	725	+213
Treatment	1,584	3,825	+2,241
Education & Prevention	942	1,693	+751
Other	349	777	+428
TOTALS	$9,400	$14,654	+$5,254

* Millions of Dollars

CURRENT ANTI-DRUG RESOURCES

	President's September Strategy (FY1990)	Congressional Funding (FY1990)[1]	PROPOSED ANTI-DRUG RESOURCES (FY1991)
Law Enforcement	$3,837[2]	4,249	5,220
F.B.I.	143	163	223
D.E.A.	625	625	700
U.S. Attorneys	183	182	240
Organized Crime & Drug Enforcement Task Forces	215	215	---
Organized Crime & Dangerous Drugs Division	---	---	295[3]
Federal Prison System			
Buildings & Facilities	981	1,200	1,350
Salaries	491	603	675
N.I.C	5	5	5
Office of Justice Programs	365	474	1,035
Other Justice Department	392	263	266
Judiciary	250	225	320
Department of Treasury			
I.R.S. and Alcohol, Tobacco & Firearms	79	84	111
Interdiction	1,475	1,764	2,414
U.S. Coast Guard	691	700	750
Customs Service	471	629	690
Department of Defense	313	450	800
I.N.S.	109	114	124
Nat. Drug Intel. Center	---	---	50

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[1] Source: Congressional Budget Office, November 29, 1989.

[2] All dollar amounts in millions.

[3] Includes $215 million transferred from OCDETF, $26 million transferred from the Criminal Division, and $54 million in new appropriations.

CURRENT ANTI-DRUG RESOURCES

	President's September Strategy (FY1990)	Congressional Funding (FY1990)	PROPOSED ANTI-DRUG RESOURCES (FY1991)
International	331	512	725
Department of State	194	325	525
Department of Defense	137	187	200
Treatment	1,336	1,584	3,825
ADAMHA Block Grant	986	1,205	3,146
National Institute on Drug Abuse	350	379	479
Medicaid	---	---	200
Education and Prevention	499	785	1,533
Department of Education	392	592	1,225
Office of Substance Abuse Prevention (HHS)	107	193	348
Gang Prevention (DOJ)	---	---	50
Federal Workplace			
Treatment & Prevention	157	157	160
Department of Defense	118	118	120
Department of Education	4	6	6
Department of Labor	4	4	4
Dept. of Transportation	31	29	30
Research			
Advanced Technology Assessment Command	---	---	150
Drug Intelligence Epidemiology System	---	---	4

CURRENT ANTI-DRUG RESOURCES

	President's September Strategy (FY1990)	Congressional Funding (FY1990)	PROPOSED ANTI-DRUG RESOURCES (FY1991)
International	331	512	725
Department of State	194	325	525
Department of Defense	137	187	200
Treatment	1,336	1,584	3,825
ADAMHA Block Grant	986	1,205	3,146
National Institute on Drug Abuse	350	379	479
Medicaid	---	---	200
Education and Prevention	499	785	1,533
Department of Education	392	592	1,225
Office of Substance Abuse Prevention (HHS)	107	193	348
Gang Prevention (DOJ)	---	---	50
Federal Workplace Treatment & Prevention	157	157	160
Department of Defense	118	118	120
Department of Education	4	6	6
Department of Labor	4	4	4
Dept. of Transportation	31	29	30
Research			
Advanced Technology Assessment Command	---	---	150
Drug Intelligence Epidemiology System	---	---	4

CURRENT ANTI-DRUG RESOURCES

	President's September Strategy (FY1990)	Congressional Funding (FY1990)	PROPOSED ANTI-DRUG RESOURCES (FY1991)
Drug Director's Office	148	152	422
Office Administration	12	37	47
Special Forfeiture Fund	136	115	75
Drug Emergency Areas	---	---	300
Miscellaneous	81	197	201
Total	7,864	9,400	14,654

APPENDIX: ACKNOWLEDGEMENTS

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Of course, the listing of these people that follows in no way implies their endorsement of any of the ideas or recommendations made in this document. Indeed, many of those listed below are profoundly opposed to one or more of the our proposals. But even where such differences exist, we appreciate the benefit of their input and views, which helped refine and shape ours.

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Television writer and producer

Ed Long
Legislative Assistant
Senator Tom Harkin (D-IA)

Dr. Joyce Lowenson
Albert Einstein College of
Medicine

Dr. Joseph Lowrey
President
South Christian Leadership
Conference

The Honorable Michael N. Manley
Prime Minister of Jamaica

Thurgood Marshall
Counsel
Senate Judiciary Subcommittee on
Immigration and Refugee
Affairs

Marion Mattingly
Children and Juvenile Justice
Advocate
Washington, D.C.

Mr. Michael McCann
District Attorney
Milwaukee, Wisconsin

Dr. William McAuliffe
Associate Professor
Harvard Medical School

Tom McDonald
President
National Court Appointed Special
Advocate Association
Louisville, Kentucky

William McGlumphy
Assistant Principal
Seaford High School
Seaford, Delaware

Nancy A. McKerrow
Assistant Public Defender
Columbia, Missouri

Larry Meacham
Connecticut Department
of Corrections

Charles Meeks
Executive Director
National Sheriff's Association

Michael Mello
Assistant Professor
Vermont Law School

Robert Merkle
Former U.S. Attorney
Tampa, Florida

Max Mermelstein
Federal Witness Protection
Program

Eugene Methvin
Senior Editor
Reader's Digest

The Hon. Howard M. Metzenbaum
(D-OH)
United States Senate

Lisa Mihaly
Program Associate for
Child Welfare
Childrens Defense Fund

The Hon. George J. Mitchell (D-ME)
United States Senate

Walt Mitchell
Los Angeles Police Department
Drug Abuse Resistance Education

Cindi Moats
Director
Drug Free Schools and Communities
Program
University of California, Irvine

Bill Mochler
Assistant Special Agent
New York division
Drug Enforcment Administratin

Frank Monastero
Former Deputy Administrator
Drug Enforcement Administration

Robert M. Morgenthau
District Attorney
New York County

Greg Morris
Legislative Liason
Office of Juvenile Justice
and Delinquency Prevention
U.S. Department of Justice

His Excellency Victor
Mosquera-Chaux
Ambassador
Embassy of Colombia

Dr. Gerald J. Mossinghoff
President
Pharmaceutical Manufacturers
Association

Harole Raymond
Head football coach
University of Delaware

Robert Rescigno
Principal
Milford High School
Milford, Delaware

Dr. Peter Reuter
Senior Economist
RAND Corporation

The Hon. Donald W. Riegle,
Jr.(D-MI)
United States Senate

Joseph Riley
Mayor
Charleston, South Carolina

Faith Roessel
Staff Attorney
Native American Rights Fund

Douglas Roller
Attorney
Rooks, Pitts and Proust

The Hon. William V. Roth, Jr.(R-DE)
United States Senate

Ted Rozeboom
Professional Staff Member
Senate Committee on Banking,
Housing, and Urban Affairs

Pete Rozelle
Former Commissioner
National Football League

Paul Russell
Program Corrdinator
Turnabout Counseling Center
Seaford, Delaware

Melvin Sabshin, M.D.
Medical Director
American Psychiatric Association

The Hon. Jim Sasser (D-TN)
United States Senate

Bo Schembechler
Head football, Athletic Director
University of Michigan

Marty Schottenheimer
Head coach
Kansas City Chiefs

The Hon. Charles B. Schudson
Judge
Wisconsin Circuit Court
Milwaukee, Wisconsin

Dr. Elsie Scott
Executive Director
National Association of
Black Law Enforcement
Executives

Dr. Charles Schuster
Director
National Institute on Drug Abus

Rober Scully
President
National Association of
Police Organizations

William Sessions
Director
Federal Bureau of Investigation

Althea Simmons
Director/Chief Lobbyist
National Association
for the Advancement of Colored
People

The Hon. Paul Simon (D-IL)
United States Senate

The Hon. Alan K. Simpson (R-WY)
United States Senate

John R. Simpson
Director
U.S. Secret Service

Samuel Skinner
Secretary
U.S. Department of Transportat

Jay Moyer
Executive Vice-President
National Football League

The Hon. Daniel Patrick Moynihan
(D-NY)
United States Senate

Frances "Bud" Mullen
Former Administrator
Drug Enforcement Administration, 1981-85

Kurt Mullenberg
Managing Director
Kroll Associates

Ed Murray
Director
Virginia Department of Corrections

Dr. Robert Newman
President
Beth Israel Medical Center

Chuck Noll
NFL Head coach
Pittsburgh Steelers

The Hon. Sam Nunn (D-GA)
United States Senate

Dr. Charles O'Brien
Professor of Psychiatry
University of Pennsylvania Medical School

Jeremiah T. O'Sullivan
Attorney
Choat, Hall and Stewart

Charles Oberly
Attorney General
State of Delaware

Lois Olson
National Association of State Alcohol and Drug Abuse Directors

Carolyn Osolinik
Chief Counsel
Senate Judiciary Subcommittee on Immigration and Refugee Affairs

Dale Parent
Abt. Associates

Joe Paterno
Head football coach
Pennslyvania State University

Dr. Carl Peck
Director
Center for Drug Evaluation & Research
Food and Drug Administration

John Pendelton
Congressional Affairs
Federal Bureau of Prisons

The Hon. Thomas R. Pickering
Ambassador of the United States of America to the United Nations

Dr. Benny Primm
President and Executive Director
Addiction Research and Treatment Corporation

Chuck Pugh
Captain
Seaford, Delaware Police Department

Joe Purzycki
Head football coach
James Madison University

Mike Quick
NFL Player
Philadelphia Eagles

J. Michael Quinlan
Director
Federal Bureau of Prisons

Thomas Quinn
Executive Director
Delaware Criminal Justice Council

Michael Radelet
Associate Professor of Sociology
University of Florida
Gainesville, Florida

The Hon. Charles B. Rangel (D-NY)
U.S. House of Representatives

Lynn C. Slaby
President
National District Attorney's Association

Gary Slaiman
Counsel
Senate Subcommittee on Antitrust Monopolies and Business Rights

Dr. Marvin Snyder
Director
Division of Pre-Clinical Research
National Institute on Drug Abuse

The Hon. Arlen Specter (R-PA)
United States Senate

Darrel Stephens
Executive Director
Police Executive Research Forum

Betty Stewart
Associate Commissioner
Children's Bureau
U.S. Department of Health and Human Services

Dave Stewart
Pitcher
Oakland A's

Dewey Stokes
President
Fraternal Order of Police

Robert Stutman
Special Agent in Charge
New York Field Division
Drug Enforcement Agency

Dr. Muriel Sugarman
Assistant in Psychiatry
Massachusetts General Hospital
Boston, Massachusetts

Wanda Summers
Crime victim
Pawley's Island, South Carolina

Sheriff Lyle Swenson
President
National Sheriff's Association

Ronald Tabak
Member
American Bar Association

Dr. Samuel Thier
President
National Institute of Medicine

The Hon. Richard Thornburgh
Atorney General
U.S. Department of Justice

The Hon. Strom Thurmond (R-SC)
United States Senate

Patricia A. Toth
Director
National Center for Prosecution of Child Abuse

Anthony Travisono
Executive Director
American Correctional Associati

Richard Trice
Principal
Epworth Christian Academy
Laurel, Delaware

Tom Tso
Chief Justice
Navajo Nation

Dr. Reed Tuckson
Commissioner of Public Health
District of Columbia

The Hon. Fred B. Ugast
Chief Judge
Superior Court
District of Columbia

Dr. Frank Uryasz
Director of Sports Sciences
National Collegiate Athletic Association

Gene Upshaw
Executive Director
NFL Players Association

Peter Vaira
Attorney
Fox, Rothschild, O'Brien and Frankel

Rober E. Van Etten
President
Federal Law Enforcement
Officers Association

Robert Vaughn
Student
University of Kansas

C. Roland Vaughn
Vice President
International Association
of Chiefs of Police

Mack Vines
Chief of Police
Dallas, Texas

Dr. Frank Vocci
Chief
Developmental Therapeutic Banch
National Institute on Drug Abuse

Anthony Voelker
Chief
Bureau of Organized Crime Control
New York City Police Department

Bruce Wald
Director
Key Program Gander Hill Prison
Wilmington, Delaware

Rosemary Warren
Legislative Assistant
Sen. Jim Sasser (D-TN)

Ron Weich
Counsel
Sen. Edward M. Kennedy (D-MA)

Irvin Weintraub, M.D.
Greenwood Drug Treatment Facility,
Delaware

Bonnie Wilford
Department of Substance Abuse
American Medical Association

Herbert Williams
President
Police Foundation

Ron Williams
Director
Stay 'n Out Drug Treatment Program
New York

Diane Williams
Athlete
Former U.S. national track champion

David Winfield
President,
Winfield Foundation also
Outfielder, New York Yankees

Greg Wood
Teacher
Delmar High School
Delmar, Delaware

Sandra Yancey
Project Manager
Washington D.C. Health Clinic

Jack Yelverton
Executive Director
National District Attorneys
Association

Dr. Charles Yesalis
Professor
Pennsylania State University

APPENDIX:
1989 HEARINGS

MARCH 1 & 2, 1989 -- CONFIRMATION OF DR. WILLIAM J. BENNETT TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

Bennett, William -- Nominee
Warger, Cynthia -- Association for Supervision and Curriculum Development
De Lara, Jose Garcia, National President, League of United Latin American Citizens

APRIL 3, 1989 -- STEROID ABUSE IN AMERICA

Ashford, Evelyn -- Olympic gold medalist
Baker, Dorothy -- Member of the Executive Board of the U.S. Olympic Committee
Connolly, Pat -- Olympic athlete, Coach
Croce, Pat -- Athletic trainer
Davis, Otho -- Head trainer, Philadelphia Eagles
Katz, Dr. David -- Harvard Medical School
Langston, Dr. Edward -- American Medical Association
Quick, Mike -- All-pro receiver, Philadelphia Eagles
Williams, Diane -- Former U.S. national track champion
Yesalis, Dr. Charles -- Professor, Penn State University

APRIL 10, 1989 -- CRACK TRAFFICKING IN RURAL AMERICA

Batson, Margie -- Recovering drug abuser
Carpenter, William -- U.S. Attorney, District of Delaware
Chalfant, Richard L. -- Plant manager, General Foods Corp.

Collick, Stephanie -- Senior, Cape Henlopen High School
Dennis, Sgt. Earl -- Maryland State Police
Dennis, Edward -- Assistant Attorney General, Department of Justice
Dixon, Rev. Walter -- Seaford, Delaware
Harrison, Larry -- Vice-principal, Laurel High School
Hutchinson, Cheif James C. -- Dover Police Department
Johnson, Elaine, Director, Office of Substance Abuse Prevention
Kelly, Thomas -- Deputy Administrator, DEA
Leighty, Sgt. Harvey -- Delaware State Police
McGlumphy, William -- Assistant Principal, Seaford High School
Oberly, Charles -- Attorney General of Delaware
Pugh, Capt. Chuck -- Seaford, Delaware Police Department
Rescigno, Robert -- Principal, Milford High School
Russell, Paul -- Turnabout Counseling center
Wood, Greg -- Teacher, Delmar High School

APRIL 19, 1989 (CAUCUS HEARING) -- U.S. INTERNATIONAL DRUG POLICY

Arpio, Joe -- Head of DEA's offices in Mexico and Turkey in mid 1970's
Asencio, Diego c. -- Former Ambassador to Brazil
Bensinger, Peter -- Administrator of DEA, 1976-81
Boyatt, Thomas D. -- Ambassador to Colombia, 1980-83
Craig, Richard -- Professor, Kent State University
Dillon, Robert -- Ambassador to Lebanon, 1980-83
Jova, Joseph John -- Ambassador to Mexico, Honduras
Lee, Rennselaer -- Author and Consultant, Global advisory
Mullen, Frances "Bud" -- Administrator of DEA, 1981-85
Reuter, Peter -- Senior Economist, Rand Corp.

MAY 9, 1989 -- STEROIDS IN COLLEGE AND PROFESSIONAL FOOTBALL

Courson, Steve -- Former NFL player
Fralic, Bill -- All-pro guard, Atlanta Falcons
Moyer, Jay -- NFL executive vice-president
Noll, Chuck -- Head coach, Pittsburgh Steelers
Paterno, Joe -- Head coach, Penn State University
Purzycki, Joe -- Head coach, James Madison University
Raymond, Harold -- Head coach, University of Delaware
Rozelle, Pete -- NFL commissioner
Schembechler, Bo -- Head football coach and athletic director of the University of Michigan
Schottenheimer, Marty -- Head coach, Kansas City Chiefs
Upshaw, Gene -- Exec. Director, NFL Players Assoc.

MAY 16, 1989 -- HEARING ON CHILD ABUSE

Schudson, Hon. Charles B. -- Wisconsin Circuit Court Judge, Milwaukee, Wisconsin
Gooch, Denise -- Mothers Against Raping Children, Clifton, New Jersey
Toth, Patricia A. -- Director, National Center for Prosecution of Child Abuse
Sugarman, Dr. Muriel -- Assistant in Psychiatry, Massachusetts General Hospital, Boston, Massachusetts
Burnley, Jane -- Director, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice
Stewart, Betty -- Associate Commissioner, Children's Bureau, U.S. Department of Health and Human Services
Cramer, Robert E. -- District Attorney, Madison County, Huntsville, Alabama
Dell'Olio, Joseph M. -- Executive Vice President, Child, Inc., Wilmington, Delaware
McDonald Tom -- President, National Court Appointed Special Advocate Association, Louisville, Kentucky
Crisp, Jayne -- Director, Victim Witness Assistance Program, Thirteenth Judicial Circuit Solicitor's Office, Greenville, South Carolina

JUNE 6, 1989 -- REGGIE WALTON NOMINATION

Walton, Reggie -- Nominee
Besteman, Karst -- Exec. Director, Alcohol and Drug Problems Association of North America
Gruber, Charles -- Vice President, International Association of Police Chiefs
Olson, Lois, National Association of State Alcohol and Drug Abuse Directors
Slaby, Lynn -- President Elect., National Attorneys Assc.
Stokes, Dewey -- President, Fraternal Order of Police

JUNE 19, 1989 --(CAUCUS HEARING) U.N. TREATY AGAINST DRUG TRAFFICKING

Bunting, Frank -- Lieutenant, NY City Police
Constantine, Thomas -- Superintendent, NY State Police
Mochler, Bill -- Assistant Special Agent NY division, DEA
Pickering, Thomas -- U.S. Ambassador to the U.N.
Stutman, Robert -- DEA, Special Agent in Charge, New York
Thornburgh, The Hon. Richard -- Attorney General, U.S.
Voelker, Anthony -- Chief, Bureau of Organized Crime Control, NY City Police

JULY 25, 1989 -- INCARCERATION AND ALTERNATIVE SANCTIONS FOR DRUG OFFENDERS

Castle, Michael -- Governor of Delaware
Buchanan, John -- Lieutenant, Phoenix Police Department
Coughlin, Thomas -- Commissioner, NY State Dept. of Corrections
Dolente, Addis -- Program Manager, Substance Abuse Unit, Florida
James, Alan -- Director, Career Development Fortune Society NYC, Ex-heroin and cocaine addict
Wald, Bruce -- Director of the Key Program at Gander Hill Prison, Wilmington, Delaware

AUGUST 17, 1989 -- INTERNATIONAL DRUG CONTROL

Bailey, Norman -- Former National Security Council Senior staff Member
Duncan, Stephen -- Asst. Secretary of Defense for Reserve Affairs and Coordinator of Drug Enforcement
Gray, Gen. Alfred Jr. -- Marine Corps Commandant
Gregorie, Richard -- Former Chief Asst. U.S. Attorney, Miami, Florida
Merkle, Robert -- Former U.S. Attorney
Mermelstein, Max -- Former Drug Trafficker

AUGUST 31, 1989 -- DRUGS IN THE 1990'S

Binney, David -- Chief, Drug Section, FBI
Dunbar, Bryon -- U.S. Attorney., Montana
Escalderon, Audrey -- Director, Crash Golden Hill House, San Diego, California
Faggett, Dr. Walter -- Director, Substance Abuse Services, D.C. General Hospital
Halikas, Dr. James -- Professor of Psychiatry, University of Minnesota
Hall, James -- Executive Director, Upfront Drug Info. Center, Miami, Florida
Hopkins, William -- Director of Street Research, NY State Division of Substance Abuse Services
Kaemingk, Dennis -- Captain of Detectives, Mitchell, SD
Kosten, Dr. Thomas -- Acting Director, Substance Abuse Treatment Unit, Yale University
Peck, Dr. Carl -- Director, Drug Evaluation & Research, FDA
Schuster, Dr. Charles -- Director, National Institute on Drug Abuse

SEPTEMBER 7, 1989 -- CONGRESSIONAL REVIEW OF NATIONAL DRUG CONTROL STRATEGY

Bennett, William -- Director, National Drug Control Policy

SEPTEMBER 8, 1989 -- ORGANIZED CRIME STRIKE FORCES

Bonner, Robert -- U.S. District Judge
Harmon, James -- Atty., Bower & Gardner
Helfrey, David -- Former Strike Force Chief, Kansas City
Heymann, Phillip -- Professor, Harvard Law School
Hogue, Eades -- Former Strike Force Chief, New Orleans
Methvin, Eugene -- Senior Editor, Reader's Digest, Member of Commission on Organized Crime
Morgenthau, Hon. Robert -- District Atty., NYC
Mullenberg, Kurt -- Former Chief, Organized Crime and Racketeering Section, DOJ
O'Sullivan, Jeremiah -- Former Exec. Director, Commission on Organized Crime
Roller, Douglas -- Former Strike Force Chief, Cleveland and Chicago
Skinner, Samuel -- Secretary of Transportation of the U.S.
Slaby, Lynn -- President, National District Attorney's Assc.
Thornburgh, Richard -- Atty. General of the United States
Vaira, Peter -- Former Strike Force Chief, Chicago and Philadelphia

SEPTEMBER 12, 1989 -- REVIEW NATL. DRUG CONTROL STRATEGY

Blue, Dan -- State Representative, NC
Gustafson, John -- President, National Assoc. of State Alcohol and Drug Abuse Directors
Johnson, Sterling -- Special Narcotics Prosecutor
Meeks, Charles -- Exec. Director, National Sheriffs Assc.
Quinn, Thomas -- Exec. Director, Delaware Criminal Justice Council
Riley, Joseph -- Mayor of Charleston, SC
Ugast, Fred -- Chief Judge, Superior Court, D.C.
Travisano, Anthony -- Exec. Director, American Correctional Association

SEPTEMBER 19, 1989 -- DEATH PENALTY

Anders, James -- Soliciter, Columbia, SC
Dennis, Edward -- Acting Deputy Atty. General
Gradess, Jonathan -- Exec. Director, NY State Defenders Association
Hampton, Ronald -- Exec. Director, Natl. Black Police Ass.
Kleismet, Robert, President, International Union of Police Assc.
McCann, Michael -- Dist. Atty., Milwaukee, WI
Radelet, Michael -- Prof. of Sociology
Summers, Wanda -- Pawley's Island, SC
Vaughn, C. Roland -- Vice President, International Assoc. of Chiefs of Police

SEPTEMBER 20, 1989 -- NOMINATION, STANLEY MORRIS TO BE DEPUTY DIRECTOR, NATIONAL DRUG CONTROL POLICY

Morris, Stanley -- Nominee

SEPTEMBER 27, 1989 -- FEDERAL DEATH PENALTY

Cassell, Paul -- Asst. U.S. Atty
Ellis, Jim -- Professor of Law, American University
Epps, Sterling -- President, Federal Law Enforcement Officers Assc.
Fight, Edward Lone -- Chairman, Three Affiliated Tribes; Fort Berthold Reservation
Indritz, Tova -- Federal Public Defender, District of New Mexico
Kamenar, Paul -- Washington Legal Foundation
Kinnard, Steve -- Jones, Day, Reavis & Pogue
McKerrow, Nancy -- Asst. Public Defender
Mello, Michael -- Professor of Law
Roessel, Faith -- Staff Atty., Native American Rights Fund
Tso, Tom -- Chief Justice, Navajo Nation

OCTOBER 2, 1989 -- DEATH PENALTY

Baldus, David -- Professor of law
Chambers, Julius -- Director Counsel, NAACP Legal Defenses and Education Fund
Dennis, Edward -- Acting Deputy Atty. General, United States
Hill, William -- Deputy Atty. General, GA
Kamenar, Paul -- Exec. Director, Washington Legal Foundation
Katz, Dr. Joseph -- Professor, Georgia State University
Lowrey, Dr. Joseph -- President, South Christian Leadership Conference
Simmons, Althea -- Director, NAACP
Tabak, Ronald -- American Bar Association

OCTOBER 3, 1989 -- SUPPLY OF DRUGS

Allsbrook, Billy -- Past President, National Alliance of State Drug Enforcement
Atwood, Donald -- Deputy Secy, Defense Department
Burgreen, Robert -- Police Chief, San Diego, California
Lawn, John -- Administrator, DEA
Sessions, William -- Director, FBI

OCTOBER 31, 1989 -- CREATIVE DRUG PREVENTION

Goldsmith, Herbert -- President, Members Only
Green, Darrell, NFL back, Washington Redskins
List, Shelly -- Writer
Winfield, David --Player, New York Yankees

NOVEMBER 6, 1989 (JOINT CAUCUS/JUDICIARY) -- MULTI-NATIONAL STRIKE FORCE

Manley, Hon. Michael -- Prime Minister of Jamaica

NOVEMBER 9, 1989 -- (JOINT LABOR/JUDICIARY) IMPACT OF DRUGS ON CHILDREN AND FAMILIES

Duran, Mike -- Specialized Gang, Supervision Unit, CA
Lewis, Johnnie -- Red Hook Apts, South Brooklyn
Stewart, Dave -- Player, Oakland A's and 1989 World Series
Tuckson, Dr. Reed -- Commissioner of Public Health, D.C.
Vaughn, Robert -- Student, University of Kansas

DECEMBER 12, 1989 -- CHALLENGE OF DRUG ABUSE IN OUR CITIES

Dinkins, David -- Mayor-Elect, NYC
Berkley, Richard -- Mayor, Kansas City, Missouri and past president of U.S. Conference of Mayors
Stutman, Robert -- Special agent in charge, DEA
Vines, Mack -- Chief of Police, Dallas, Texas Series

JANUARY 18, 1990 (JOINT JUDICIARY/CAUCUS HEARING) -- DRUG POLICY IN THE ANDEAN NATIONS

Crespo-Velasco, His Excellency Jorge -- Ambassador, Embassy of Bolivia
Mosquera-Chaux, His Excellency Victor -- Ambassador, Embassy of Colombia
Atala-Nazal, His Excellancy Cesar -- Ambassador, Embassy of Peru